

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L97789

1. Entity Name  
M & D GROVES, INC.



Principal Place of Business  
5397 PHIL ROBERTS RD  
ONA, FL 33865 US

Mailing Address  
M&D GROVES INC.  
678 COCHECTON TPKE.  
TYLER HILL, PA 18469 US

**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**



07142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3029915

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

SCHWEIGHOFER, DORIS  
5397 PHIL ROBERTS RD  
ONA, FL 33865

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000956248  
07/24/08-80005-002 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	SCHWEIGHOFER, DORIS
STREET ADDRESS	PHIL ROBERTS RD
CITY-ST-ZIP	ONA, FL
TITLE	VD
NAME	SCHWEIGHOFER, EDWARD M
STREET ADDRESS	10 TWINBROOK FARMLANE RT 371
CITY-ST-ZIP	TYLER HILL, PA 18469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Doris Schweighofer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 7/20/08 224-4485*

Date

Daytime Phone #

*Doris Schweighofer*