

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 015 ***150.00

DOCUMENT # M67397

1. Entity Name

W. IV GROVES, INC.



Principal Place of Business
1144 W. GRIFFIN ROAD
P. O. BOX 95002
LAKELAND FL 33804

Mailing Address
1144 W. GRIFFIN ROAD
P. O. BOX 95002
LAKELAND FL 33804



2. Principal Place of Business - No P.O. Box #
1025 Chestnut Road N

3. Mailing Address
PO Box 8950

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number 59-2883293

Applied For
Not Applicable

Zip 33805

Country US

Zip 33806

Country US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 r applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WATKINS, W. B., IV
STREET ADDRESS 1144 W. GRIFFIN RD.
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ Delete
NAME PAUL, BILL
STREET ADDRESS 1144 W. GRIFFIN RD.
CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ Delete
NAME SMITH, SANDRA S.
STREET ADDRESS 1144 W. GRIFFIN ROAD
CITY-ST-ZIP LAKELAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 8950
CITY-ST-ZIP Lakeland, FL 33806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST/D ☒ Change ☒ Addition
NAME
STREET ADDRESS PO Box 8950
CITY-ST-ZIP Lakeland, FL 33806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sandra S. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Smith, ST/D 02/06/07

Date

Daytime Phone #