

2006 FOR PROFIT CORPORATION ANNUAL REPORT (FR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90227 026 ***150.00

DOCUMENT # P01000076576

1. Entity Name

GROVE HOUSE INTERIORS, INC.



Principal Place of Business

5804 B. BRANNEN RD. SOUTH
LAKELAND FL 33813

Mailing Address

5804 B. BRANNEN RD. SOUTH
LAKELAND FL 33813

CHANGE ADDRESS TO BELOW!

2. Principal Place of Business

2509 ORLEANS AVENUE, SOUTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

City & State

4. FEI Number

59-3741172

Applied For

Not Applicable

Zip

33813

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, DONALD H JR
245 S CENRAL AVE
BARTOW FL 33830

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

Alice W. Lewis

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 LEWIS, ALICE W
STREET ADDRESS 1920 E F GRIFFIN RD
CITY-ST-ZIP BARTOW FL 33830

TITLE D ☐ Delete
NAME LEWIS, ROBERT B
STREET ADDRESS 1920 E F GRIFFIN RD
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Alice W. Lewis

Alice W. Lewis

863-682-7861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #