

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90012 033 ***150.00

DOCUMENT # P01000076576

1. Entity Name

GROVE HOUSE INTERIORS, INC.



Principal Place of Business

2509 ORLEANS AVENUE SOUTH
LAKELAND FL 33803

Mailing Address

245 S CENTRAL AVE
BARTOW FL 33830

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2509 ORLEANS AVE, SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

BARTOW, FL

Zip

33803

Country

FLORIDA

Zip

33803

Country

FLORIDA

6. Name and Address of Current Registered Agent

WILSON, DONALD H JR
245 S CENTRAL 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	LEWIS, ALICE W	
STREET ADDRESS	1920 E F GRIFFIN RD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT B	
STREET ADDRESS	1920 E F GRIFFIN RD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08 863682-7861