

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P03000003018

1. Entity Name
SCHARBER GROVE, INC.



Principal Place of Business
**7323 GRIFFIN ROAD
BROOKSVILLE, FL 34601**

Mailing Address
**20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4230459

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOGAN, THOMAS S JR
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000884374
04/17/08-80040-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHARBER, JAMES W
STREET ADDRESS	7323 GRIFFIN ROAD
CITY- ST- ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	SCHARBER, JAMES W
STREET ADDRESS	7323 GRIFFIN ROAD
CITY- ST- ZIP	BROOKSVILLE, FL 34601
TITLE	S/T
NAME	SCHARBER, JENNIFER M
STREET ADDRESS	7323 GRIFFIN ROAD
CITY- ST- ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	SCHARBER, JENNIFER M
STREET ADDRESS	7323 GRIFFIN ROAD
CITY- ST- ZIP	BROOKSVILLE, FL 34601
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:

James W Scharber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2008

Date

(352) 796-8815

Daytime Phone #