

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2008-90002-007-\$150.00-\$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/08)

DOCUMENT # P05000026962 1. Entity Name VILLAGE GROOVE, INC.																																																																																																																																													
Principal Place of Business 2108 HAMMOCK PINE BLVD. CLEARWATER FL 33761-4255			Mailing Address 2108 HAMMOCK PINE BLVD. CLEARWATER FL 33761-4255																																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																										
City & State Zip Country			City & State Zip Country																																																																																																																																										
4. FEI Number 20-2424114				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																													
6. Name and Address of Current Registered Agent HALE, FRED 5650 PARK BLVD., STE. 1 PINELLAS PARK FL 33781-3354				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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____																																																																																																																																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DP KUHN, HELTON</td> <td>2108 HAMMOCK PINE BLVD.</td> <td>CLEARWATER FL 33761-4255</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td colspan="5"> </td></tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 5%; text-align: center;">Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP KUHN, HELTON	2108 HAMMOCK PINE BLVD.	CLEARWATER FL 33761-4255	<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>										<input type="checkbox"/>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																																												
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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: <u>HELTON KUHN, PRESIDENT</u> <u>10/07/08</u> <u>727-45823</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #</small>																																																																																																																																													

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