

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000168173

Entity Name: ALBRITTON GROVES, INC.

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5430 PROCTOR RD.  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5430 PROCTOR RD.  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 20-4005077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALBRITTON, JOHN  
5430 PROCTOR ROAD  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBRITTON, JOHN M  
Address: 5430 PROCTOR RD  
City-St-Zip: SARASOTA, FL 34233

Title: VP  
Name: ALBRITTON, JOHN B  
Address: 5430 PROCTOR RD  
City-St-Zip: SARASOTA, FL 34233

Title: T  
Name: ALBRITTON, LAURA J  
Address: 5430 PROCTOR RD.  
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M ALBRITTON

PD

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date