

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000097872

Entity Name: ANCIENT GROVE, INC.

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1210 TROPICAL PARK DR  
SANFORD, FL 32773

**New Principal Place of Business:**

1255 BELLE AVE  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

4918 SHORELINE CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 26-3635638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCKHART, SHANNON  
7025 CR 46A  
LAKE MARY, FL 32746 US

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

LOCKHART, SHANNON  
7025 CR 46A  
STE 172  
LAKE MARY, FL 32746 US

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

09/17/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOCKHART, SHANNON  
Address: 7025 CR 46A  
City-St-Zip: LAKE MARY, FL 32746

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: SHANNON LOCKHART

PRES

09/17/2010

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

\_\_\_\_\_  
Date