

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000023302

1. Entity Name
REGINA GROVE, INC.



Principal Place of Business
16050 WEST ORANGE AVE
FORT PIERCE, FL 34945 US

Mailing Address
16050 WEST ORANGE AVE
FORT PIERCE, FL 34945 US



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3185510

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JERKINS, WALTER T JR
16050 WEST ORANGE AVENUE
FT PIERCE, FL 34945

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	DROIT, FRANCIS
STREET ADDRESS	6900 S. ORANGE BLOSSOM TR.
CITY-ST-ZIP	ORLANDO, FL
TITLE	PD
NAME	CORCELLE, FRANCOISE
STREET ADDRESS	6900 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000447240
11/27/06-80047-011 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POA

Jan 4, 2006

(772) 473-9754

Date

Daytime Phone #