

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000057394

Entity Name: HARRELL GROVES, INC.

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3225 S MACDILL AVE  
STE 129-255  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3225 S MACDILL AVE  
STE 129-255  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 59-3387353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRELL, CECIL  
3225 S MACDILL AVE  
STE 129-255  
TAMPA, FL 33629 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: PSTD  
Name: HARRELL, CECIL S  
Address: 3225 S MACDILL AVE STE 129-255  
City-St-Zip: TAMPA, FL 33629

Title: V  
Name: MILLER, GAYLE  
Address: 3225 S MACDILL AVE STE 129-255  
City-St-Zip: TAMPA, FL 33629

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: R. GAYLE MILLER

VP

01/25/2012

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

\_\_\_\_\_  
Date