

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000066248

Entity Name: THE GROVE GOURMET, INC.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

150 NORTH GRAVES ROAD  
FT. PIERCE, FL 34945

## **New Principal Place of Business:**

14800 INDRIIO ROAD  
FT. PIERCE, FL 34945

## **Current Mailing Address:**

PO BOX 2667  
FT PIERCE, FL 34954

## **New Mailing Address:**

FEI Number: 59-3394428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRUBB, LORI  
9205 CR 635  
SEBRING, FL 33875 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: OD  
Name: GRUBB, LORI S  
Address: 150 NORTH GRAVES ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: OD  
Name: SCHIRARD, J. BRANTLEY  
Address: 150 NORTH GRAVES ROAD  
City-St-Zip: FORT PIERCE, FL 34945

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: LORI S GRUBB

RA

04/29/2010

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

\_\_\_\_\_  
Date