

2008 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

08 FEB 20 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LM

2-20-08



01112008 Chg-P CR2E034 (12/06)

DOCUMENT # P97000073575

1. Entity Name
THE CURRY GROUP, INC.



Principal Place of Business
1060 NORTH COMMONWEALTH
POLK CITY, FL 33868 US

Mailing Address
1060 NORTH COMMONWEALTH
POLK CITY, FL 33868 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3464137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURRY, G.C.
1060 N COMMONWEALTH AVE
POLK CITY, FL 33868

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CURRY, G.C.
6640 LAKE CLARK DRIVE
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700119942857
03/11/08 01015 015 **350.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CURRY, M C
5854 MYRTLE HILL DRIVE WEST
LAKELAND, FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CURRY, J C
5819 DEER TRACKS TRAILS
LAKELAND, FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CURRY, J C
5941 DUBOIS ROAD
LAKELAND, FL 33811 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

2-12-08 863-984-1900