

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90018 017 ***150.00

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1. Entity Name

DEES-GROSE RANCH AND GROVES, INC.



Principal Place of Business

1615 17TH ST W
PALMETTO FL 34221

Mailing Address

P.O. BOX 1130
ARCADIA FL 34265



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

4512 17th St. West

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

PALMETTO FL

City & State

4. FEI Number

59-3502507

Applied For

Not Applicable

Zip

34221

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEES, JOHN R
4512 17TH ST WEST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEES, JOHN R ☐ Delete
STREET ADDRESS 4512 17TH ST WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE V
NAME GROSE, JOHN H ☐ Delete
STREET ADDRESS 117 SUGARTOWN ROAD
CITY-ST-ZIP DEVON PA 19333

TITLE S
NAME DEES, CYNTHIA G ☐ Delete
STREET ADDRESS 5006 ISPARTA CT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE T
NAME DEES, WINDY ☐ Delete
STREET ADDRESS 5006 ISPARTA CT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John R. Dees JOHN R. DEES Pres. 2/28/07 863
990-9517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #