

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90205 033 ***150.00

DOCUMENT # P98000017987

1. Entity Name
HAGMAN GROVES, INC.



Principal Place of Business
21411 CARSON DR
LAND O LAKES, FL 34639 US

Mailing Address
PO BOX 443
LAND O LAKES, FL 34639 US

60035292

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

2956 Wentworth Way
Suite, Apt. #, etc.

3. Mailing Address

2956 Wentworth Way
Suite, Apt. #, etc.

04182008 Chg-P CR2E034 (12/06)

City & State
TARPON SPRINGS FL
Zip 34688 Country US

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TARPON SPRINGS, FL
Zip 34688 Country US

4. FEI Number
59-3498001
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAGMAN, ROBERT
21411 CARSON DR
LAND O LAKES, FL 34639

7. Name and Address of ~~Now~~ Registered Agent

Name
HAGMAN Robert G.

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

2956 Wentworth Way

City TARPON SPRINGS FL Zip Code 34688

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: Robert G. Hagman Robert G. HAGMAN Res 4-28-08
(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

TITLE P
NAME HAGMAN, SHIRLEY J ☒ Delete
STREET ADDRESS 2222 NORWEGIAN DR
CITY-ST-ZIP CLEARWATER, FL 34623

TITLE VP
NAME HAGMAN, ROY E ☐ Delete
STREET ADDRESS PO BOX 433
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE ST
NAME HAGMAN, ROBERT G ☐ Delete
STREET ADDRESS PO BOX 433
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/ST
NAME Robert G. HAGMAN ☒ Change ☐ Addition
STREET ADDRESS 2956 Wentworth Way
CITY-ST-ZIP TARPON SPRINGS FL 34688

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

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

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

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

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: Robert Hagman Robert HAGMAN 4-28-08 727-939-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #