

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000032476

1. Entity Name
SPACEWALK GROVES, INC.



Principal Place of Business
3245 N. COURTNEY PARKWAY
MERRITT ISLAND, FL 32953

Mailing Address
P.O. BOX 540829
MERRITT ISLAND, FL 32954-0829



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3475556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, BRIAN
3245 N. COURTNEY PARKWAY
MERRITT ISLAND, FL 32953

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IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | HAMILTON, BRIAN |
| STREET ADDRESS | 3245 N. COURTNEY PARKWAY |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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05/14/07-80060-004 150.00

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IN THIS SPACE**

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

04/25/07

Date

Daytime Phone #