


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90192 047 ***150.00

DOCUMENT # P98000048763			
1. Entity Name PHOENIX GROVE SERVICE, INC.			
Principal Place of Business 5970 WEST STATE ROAD 80 LABELLE FL 33935		Mailing Address POST OFFICE BOX 728 LABELLE FL 33935	
2. Principal Place of Business - No P.O. Box # 11940 BRAMBLE COVE DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 728 Suite, Apt. #, etc.	
City & State FORT MYERS, FLORIDA Zip 33905 Country USA		City & State LABELLE, FLORIDA Zip 33975 Country HENDRY	
4. FEI Number 65-0839111		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, BETTYE Z 5970 WEST STATE ROAD 80 LABELLE FL 33935		7. Name and Address of New Registered Agent Name BETTYE Z. MILLER Street Address (P.O. Box Number is Not Acceptable) 11940 BRAMBLE COVE DRIVE City FORT MYERS FL Zip Code 33905	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$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	D MILLER, BETTYE Z 11940 BRAMBLE COVE DR FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Bettye Z. Miller - BETTYE Z. MILLER 04-17-07 878-456-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #
863-673-0557
239-694-0637