

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90020 037 ***150.00

DOCUMENT # P98000093847

1. Entity Name
LMT GROVES, INC.



Principal Place of Business
**2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US**

Mailing Address
**410 E CARTER ROAD
LAKELAND, FL 33813 US**

44020754



2. Principal Place of Business

3. Mailing Address

525 Tiffany Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004

Chg-P

CR2E034 (10/03)

City & State

City & State

LAKELAND, FL

4. FEI Number

59-3546042

Applied For

Not Applicable

Zip

Country

Zip

33813-1116

Country

USA

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

**LASSITER, CHARLES M
2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084**

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, 2004 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 PD
NAME TESTON, ROBERT W ☐ Delete
STREET ADDRESS 410 E. CARTER RD.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE PD ☒ Change ☐ Addition
NAME Teston, Robert W.
STREET ADDRESS 525 Tiffany Ter.
CITY-ST-ZIP LAKELAND, FL 33813-1116

TITLE VD ☐ Delete
NAME MAGUIRE, CRAIG A
STREET ADDRESS 1544 SAN RAFAEL WAY
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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

TITLE STD ☐ Delete
NAME LASSITER, CHARLES M
STREET ADDRESS 2800 N. PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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 W. Teston, PRESIDENT / Director 3/22/2004 (863) 682-4117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #