

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90136 024 ***150.00

DOCUMENT # P98000102176

1. Entity Name
EAGLETON GROVES, INC.



Principal Place of Business
**P.O. BOX 167
FT. OGDEN, FL 34267**

Mailing Address
**P.O. BOX 167
FT. OGDEN, FL 34267**

DO NOT WRITE IN THIS SPACE



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3545172

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EAGLETON, SUE ANN
3230 E. FOREST LAKE DR.
SARASOTA, FL 34322**

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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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EAGLETON, SUE ANN
3230 E. FOREST LAKE DR.
SARASOTA, FL 34322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
EAGLETON, GLENN
5311 EVORA
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Glenn Eagleton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40125702

EAGLETON GROVES, INC.

|

July 13, 2007

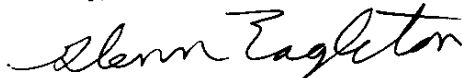
Florida Department of State
P.O. Box 6198
Tallahassee, FL 32314-6198

REF: Document # P98000102176

To whom it may concern:

I just received the notice today that my Corporation was beginning dissolved. Enclosed is my renewal form and check for \$150.00. I ask that you abate the \$400.00 penalty. I have never been late before. I don't believe that I ever received the post card my bookkeeper said I should have received in the mail, to remind me of this renewal. Please abate this penalty.

Sincerely,



Glenn Eagleton, Vice President