

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108004

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** LONG HAMMOCK GROVE, INC.

**Current Principal Place of Business:**

227 EAST CRESCENT DRIVE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 178  
MOORE HAVEN, FL 33471

**New Mailing Address:**

**FEI Number:** 65-0890377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESSLEY, MICHAEL D  
WEST AVE  
MOORE HAVEN, FL 33471 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** STD  
**Name:** COUSE, MILLER  
**Address:** 227 EAST CRESCENT DRIVE  
**City-St-Zip:** CLEWISTON, FL 33440

**Title:** PD  
**Name:** PRESSLEY, MICHAEL D  
**Address:** WEST AVENUE  
**City-St-Zip:** MOORE HAVEN, FL 33471

**Title:** ASD  
**Name:** LUNDY, ROY D JR.  
**Address:** 305 SOUTH CR 720 SOUTHEAST  
**City-St-Zip:** MOORE HAVEN, FL 33471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL D. PRESSLEY

PD

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date