2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # P99000037039 **Secretary of State** 1. Entity Name AXEL PETERSON GROVES, INC. Mailing Address Principal Place of Business 6755 37TH ST. VERO BEACH FL 32966 6755 37TH ST. VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. CR2E034 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 65-0920106 Not Applicable Zip Country \$8.75 Additional 200 Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HATCH, ROSEMARIE C Street Address (P.O. Box Number is Not Acceptable) **1422 20TH STREET** VERO BEACH FL 32960 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 Cignillure, typed or printed name of registered agent and life it applicable (WITE Registered Agent agristing programs when remaining DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition Defete MLE THELE MARKE PETERSON, AXEL T JR MASSE U00000416134 82/13/86-88803-813 150.88 STREET ADDRESS STREET ADDRESS 6755 37TH ST CITY-ST-ZIP VERO BEACH FL 32966 CITY-SI-ZIP Addition Change TITLE ☐ Defete BILL BLADAE HAME STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP ☐ Change C Addition ☐ ⊓eletr LITTE MAME MAKK STREET ADDRESS STREET ADDRESS CHY-SI-ZW CITY-ST-ZIP Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZTP ☐ Change ■ Addition ☐ Deteta TITLE NAME 36.83A5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ■ Addition mre 3111.2 NAME NAME STREET AGGRESS STREET ADDRESS CAY-SI-ZIP City-S7-ZiP 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.

FILED

SIGNATURE: Oul Pilmon AXEL PETERJON 1-31-06 772-562-6252