

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 035 ***150.00

DOCUMENT # V02717

1. Entity Name
FLETCHER GROVES, INC.



Principal Place of Business
~~10 VAGABOND LANE~~ **205 LAKE HAMILTON BLVD**
WINTER HAVEN, FL 33881

Mailing Address
~~10 VAGABOND LANE~~ **205 LAKE HAMILTON BLVD**
WINTER HAVEN, FL 33881

40032740

2. Principal Place of Business - No P.O. Box #
205 LAKE HAMILTON BLVD
Suite, Apt. #, etc.

3. Mailing Address
205 LAKE HAMILTON BLVD
Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL
Zip
33881
Country
FLORIDA

City & State
WINTER HAVEN, FL
Zip
33881
Country
FLORIDA

02122008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3102471
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~OLSON, JOHN E.~~
~~10 VAGABOND LANE~~
~~WINTER HAVEN, FL 33881~~

7. Name and Address of New Registered Agent
Name
DOUGLAS S. RICHARDS
Street Address (P.O. Box Number is Not Acceptable)
205 LAKE HAMILTON BLVD
City
WINTER HAVEN FL Zip Code
33881

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLETCHER, CLARK R. JR.	
STREET ADDRESS	6004 RINCONCITO WAY	
CITY-ST-ZIP	EL PASO, TX 79902 79912-1939	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OLSON, JOHN E.	
STREET ADDRESS	10 VAGABOND	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS S. RICHARDS	
STREET ADDRESS	205 LAKE HAMILTON BLVD	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	BOARD MEMBER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK R. FLETCHER JR.	
STREET ADDRESS	6004 RINCONCITO WAY	
CITY-ST-ZIP	EL PASO, TEXAS 79912-1939	
TITLE	BOARD MEMBER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. FLETCHER SR.	
STREET ADDRESS	1121 MILVUS AVE	
CITY-ST-ZIP	FLORIDA GROVE, CALIFORNIA 93950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Clark R. Fletcher Jr.** **Ann R. Fletcher** **Feb 21, 2008** **(919) 581-1730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #