

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 510840

**Entity Name:** BAR-KEY GROVES, INC.

**Current Principal Place of Business:**

1719 CITRUS BLVD.  
LEESBURG, FL 34748

**Current Mailing Address:**

1719 CITRUS BLVD.  
LEESBURG, FL 34748 US

**FEI Number:** 59-1776748

**Certificate of Status Desired:** No

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

SCALES, HARRIET C  
1719 CITRUS BLVD.  
LEESBURG, FL 34748 US

*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

**Officer/Director Detail :**

Title DST  
Name SCALES, HARRIET C  
Address 1719 CITRUS BLVD.  
City-State-Zip: LEESBURG FL 34748

Title PD  
Name SCALES, MATTHEW K  
Address 1719 CITRUS BLVD.  
City-State-Zip: LEESBURG FL 34748

Title D  
Name SCALES, EARL LJR  
Address 1719 CITRUS BLVD.  
City-State-Zip: LEESBURG FL 34748

Title D  
Name SCALES, JOHN S  
Address 1719 CITRUS BLVD.  
City-State-Zip: LEESBURG FL 34748

Title D  
Name SCALES, ERIN M  
Address 1719 CITRUS BLVD.  
City-State-Zip: LEESBURG FL 34748

*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:** HARRIET C SCALES

DST

02/23/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date