### 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000002616

Entity Name: GROVE & HOME IRRIGATION SERVICE, INC.

Jun 09, 2014

**Secretary of State** CC4962336610

**FILED** 

# **Current Principal Place of Business:**

61920 BRONCO CT. SW LABELLE, FL 33935

## **Current Mailing Address:**

**PO BOX 715** 

LABELLE, FL 33975

FEI Number: 65-0971723 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

IMHOFF, NANCY V 61290 BRONCO COURT SW LABELLE, FL 33935 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 Title ST

Name IMHOFF, DAVID A Name IMHOFF, NANCY V Address P.O. BOX 715 Address P.O. BOX 715 City-State-Zip: LABELLE FL 33935 City-State-Zip: LABELLE FL 33935

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.

06/09/2014 SIGNATURE: NANCY IMHOFF **OWNER**