

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000149445

**Entity Name:** SFP GROVE MANAGEMENT, INC.

**Current Principal Place of Business:**

4855 CANOE CREEK RD  
ST CLOUD, FL 34772

**Current Mailing Address:**

PO BOX 701445  
SAINT CLOUD, FL 34770-1445 US

**FEI Number:** 20-3752968

**Certificate of Status Desired:** Yes

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

SESSIONS, MARK C  
1507 SUNSET POINTE PLACE  
KISSIMMEE, FL 34744 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 P  
Name SESSIONS, MARK C  
Address 1507 SUSET POINTE PLACE  
City-State-Zip: KISSIMMEE FL 34744

Title T  
Name SESSIONS, HAMPTON  
Address 771 OLD BLYN HWY  
City-State-Zip: SEQUIM WA 98382

Title S  
Name SILCOX, ANN S  
Address 226 S COVE LANE  
City-State-Zip: PANAMA CITY FL 32401

*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:** MARK SESSIONS

**PRESIDENT**

**01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date