## 2018 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: No

Name and Address of Current Registered Agent:

SESSIONS, MARK C 4855 CANOE CREEK ROAD SAINT CLOUD, FL 34772 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

FILED Feb 14, 2018

**Secretary of State** 

CC1171194457

Officer/Director Detail:

Title P Title

NameSESSIONS, MARK CNameSESSIONS, HAMPTONAddress4855 CANOE CREEK ROADAddress771 OLD BLYN HWYCity-State-Zip:SAINT CLOUD FL 34772City-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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/14/2018

Date