


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 047 ***150.00

DOCUMENT # F67370	
1. Entity Name HAGMAN GROVE SERVICE, INC.	

Principal Place of Business POST OFFICE BOX 443 LAND O'LAKES, FL 34639	Mailing Address POST OFFICE BOX 443 LAND O'LAKES, FL 34639
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00033078



2. Principal Place of Business - No P.O. Box 2956 Wentworth Way Suite, Apt. #, etc.	3. Mailing Address 2956 Wentworth Way Suite, Apt. #, etc.
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04182008 Chg-P CR2E034 (12/06)

City & State TARPON SPRING FL	City & State TARPON SPRINGS FL	4. FEI Number 59-2172090	Applied For Not Applicable
Zip 34688	Country US	Zip 34688	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAGMAN, ROBERT 21411 CARSON DR. LAND O'LAKES, FL 34639	
2956 WENTWORTH WAY TARPON SPRING FL 34688	

7. Name and Address of New Registered Agent	
Name HAGMAN, Robert G.	Street Address (P.O. Box Number is Not Acceptable) 2956 WENTWORTH WAY
City TARPON SPRINGS	FL Zip Code 34688

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAGMAN, ROBERT 21411 CARSON DR. LAND O'LAKES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAGMAN, JOY C. 21411 CARSON DR. LAND O'LAKES, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Hagman Date: 4-28-08
 _____ Daytime Phone #: 727-939-1234
 ROBERT HAGMAN