


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2008 90205 033 \*\*\*150.00

DOCUMENT # P98000017987  
 1. Entity Name  
**HAGMAN GROVES, INC.**



Principal Place of Business Mailing Address  
**21411 CARSON DR** **PO BOX 443**  
**LAND O LAKES, FL 34639 US** **LAND O LAKES, FL 34639 US**

**60035292**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**2956 Wentworth Way** **2956 Wentworth Way**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04182008 Chg-P CR2E034 (12/06)

City & State City & State  
**TARPON SPRINGS FL** **TARPON SPRINGS, FL**  
 Zip Country Zip Country  
**34688 US** **34688 US**

4. FEI Number Applied For  
**59-3498001** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAGMAN, ROBERT**  
**21411 CARSON DR**  
**LAND O LAKES, FL 34639**

7. Name and Address of ~~Old~~ 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: **Robert G. Hagman** **Robert G. HAGMAN** Pres 4-28-08  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAGMAN, SHIRLEY J	
STREET ADDRESS	2222 NORWEGIAN DR	
CITY-ST-ZIP	CLEARWATER, FL 34623	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAGMAN, ROY E	
STREET ADDRESS	PO BOX 433	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAGMAN, ROBERT G	
STREET ADDRESS	PO BOX 433	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert G. HAGMAN	
STREET ADDRESS	2956 Wentworth Way	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** **Robert HAGMAN** **4-28-08** **727-939-1234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #