


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 025 ***150.00

DOCUMENT # 125845			
1. Entity Name CLERMONT GROVES, INC.			
Principal Place of Business 13100 W COPLONIAL DR. WINTER GARDEN, FL 34787 US		Mailing Address PO BOX 770338 WINTER GARDEN, FL 34777-0338 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCPHERSON, REX V 100 S EOLA DR #710 ORLANDO, FL 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, LAURA D	NAME	
STREET ADDRESS	2696 SW GREENWICH WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, REX V	NAME	
STREET ADDRESS	11340 LAKE BUTLER BLVD	STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, KEENE M	NAME	
STREET ADDRESS	74 HICKORY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HIGHLANDS, NC 28741	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, JOHN R	NAME	
STREET ADDRESS	1110 W IVANHOE BLVD 15	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, REX V	NAME	
STREET ADDRESS	100 S EOLA DR #710	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address, with all other like empowered.			
SIGNATURE: 		Rex V. McPherson, II 04/10/08 (407) 656-2291	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60024076



03282008 Chg-P CR2E034 (12/06)

4. FEI Number 59-0623328 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required