


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 038 ***150.00

DOCUMENT # 393957 1. Entity Name J. HENRY GROVES, INC.	
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Principal Place of Business 209 NW FIRST STREET P.O. BOX 547 FORT MEADE, FL 33841	Mailing Address 209 NW FIRST STREET P.O. BOX 547 FORT MEADE, FL 33841
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DO NOT WRITE IN THIS SPACE

40091100



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1429642	Applied For Not Applicable
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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 GRUNHOLZER, JAMES H. ROUTE 1, BOX 28 C FORT MEADE, FL 33841
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD GRUNHOLZER, JAMES H 209 NW FIRST STREET FORT MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNHOLZER, JAMES H., JR 209 N.W. FIRST STREET FORT MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUNHOLZER, BETTY S. 209 NW FIRST STREET FORT MEADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: James H. Grunholzer James H. Grunholzer 3/20/07 863-285-8312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #