


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90333 001 \*\*\*450.00

DOCUMENT # 449048 1. Entity Name JOSHUA CREEK GROVES, INC.	
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Principal Place of Business 218 S. POLK AVENUE ARCADIA, FL 34266	Mailing Address P.O. BOX 550 ARCADIA, FL 34266 US
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66012742



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1604556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERALL, MYRTLE SD  
 2418 SE AIRPORT RD  
 ARCADIA, FL 33821

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUMMERALL, MYRTLE 2418 SE AIRPORT RD ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESKEW, LORI A TD 5336 WINEWOOD DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIXON, BOBBY C. 1500 SE REYNOLDS ST ARCADIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIXON, BARBARA 1500 SE REYNOLDS ST ARCADIA, FL
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: Lori Eskew Lori Eskew, Treas. 4-17-07 863-494-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #