

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519183

FILED
May 01, 2012
Secretary of State

Entity Name: JHC GROVES, INC.

Current Principal Place of Business:

PINE ISLAND ROAD
10715 S PHILLIPS RD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PINE ISLAND ROAD
P. O. BOX 494
GROVELAND, FL 347360494

New Mailing Address:

FEI Number: 59-1706814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEININGER, LORENE
PINE ISLAND ROAD
10715 S PHILLIPS ROAD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPD
Name: LEININGER, BOB
Address: P O BOX 494
City-St-Zip: GROVELAND, FL 34736

Title: S
Name: LEININGER, LORENE
Address: P O BOX 494
City-St-Zip: GROVELAND, FL 34736

Title: D
Name: LEININGER, LORENE
Address: P O BOX 494
City-St-Zip: GROVELAND, FL 34736

Title: D
Name: LEININGER, CHESTER
Address: 11133 S PHILLIPS RD
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: LEININGER, HENRY
Address: 10616 S PHILLIPS RD
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORENE LEININGER

S

05/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date