

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520944

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: RACKLEY GROVES, INC.

**Current Principal Place of Business:**

305 S. WETMORE  
LAKE WALES, FL 338590432

**New Principal Place of Business:**

4910 LAKE PIERCE DRIVE  
LAKE WALES, FL 33898 US

**Current Mailing Address:**

305 S. WETMORE  
P O BOX 432  
LAKE WALES, FL 338590432 US

**New Mailing Address:**

P. O. BOX 432  
LAKE WALES, FL 338590432 US

FEI Number: 59-1708372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIGGINS, HELEN R  
305 S. WETMORE  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

HIGGINS, HELEN R  
4910 LAKE PIERCE DRIVE  
LAKE WALES, FL 33898 US

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: \_\_\_\_\_

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HIGGINS, HELEN R  
Address: 305 S. WETMORE  
City-St-Zip: LAKE WALES, FL

Title: ST ( ) Delete  
Name: SHRIVER, BECKY R.,  
Address: 305 S. WETMORE  
City-St-Zip: LAKE WALES, FL

Title: VP ( ) Delete  
Name: BROWNING, LINDA L.,  
Address: 305 S. WETMORE  
City-St-Zip: LAKE WALES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HIGGINS, HELEN R  
Address: 4910 LAKE PIERCE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

Title: ST (X) Change ( ) Addition  
Name: SHRIVER, BECKY R.,  
Address: 4910 LAKE PIERCE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

Title: VP (X) Change ( ) Addition  
Name: BROWNING, LINDA L.,  
Address: 4910 LAKE PIERCE DRIVE  
City-St-Zip: LAKE WALES, FL 33898 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELEN R. HIGGINS

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date