2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 625303

Entity Name: RIVER GROVE, INC.

Current Principal Place of Business:

1609 S.E. 3RD AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2077
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-1913198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARLEY, ONEIDA L
1609 SE 3RD AVE
PO BOX 2077 (MAIL)
OCALA, FL 32678 US

Name and Address of New Registered Agent:

DARLEY, ONEIDA L
1609 SE 3RD AVE
OCALA, FL 32678 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: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, JAMES H. II
Address: 721 SE 15TH AVE
City-St-Zip: OCALA, FL

Title: VD ( ) Delete
Name: WILLIAMS, LOUISE
Address: 721 SE 15TH AVE
City-St-Zip: OCALA, FL

Title: STD ( ) Delete
Name: DARLEY, ONEIDA L.
Address: 2108 SE 7TH ST
City-St-Zip: OCALA, FL

Title: VD ( ) Delete
Name: WILLIAMS, JAMES H. III
Address: 1330 SE 15 AVE
City-St-Zip: OCALA, FL

Title: VD ( ) Delete
Name: ARNOLD, LAURA
Address: 751 SE 80TH ST
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ONEIDA DARLEY STD 04/15/2009
Electronic Signature of Signing Officer or Director — Date