
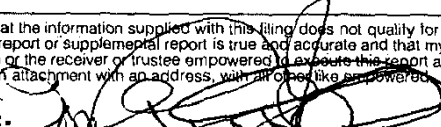


FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 028 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|--|--|--|
| DOCUMENT # F91005 | |  | |
| 1. Entity Name CRUTCHFIELD GROVES, INC. | | | |
| Principal Place of Business % J. THOMAS CRUTCHFIELD 149 EAST CENTER ST. SEBRING, FL 33870 | | Mailing Address % J. THOMAS CRUTCHFIELD 149 EAST CENTER ST. SEBRING, FL 33870 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 04112008 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 59-1151073 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CRUTCHFIELD, THOMAS J 149 EAST CENTER ST. SEBRING, FL 33870 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 149 E. Center Ave. City FL Zip Code | |
| 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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAYLOR, CHRISTINE C 149 E CENTER ST SEBRING, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 E. Center Ave |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT CRUTCHFIELD, EARL H 149 E CENTER ST SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAPO, KATHLEEN C 149 E CENTER ST SEBRING, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 E. Center Ave |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS CRUTCHFIELD, JOHN THOMAS 149 E CENTER ST SEBRING, FL 33870 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 E. Center Ave |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT Crutchfield, H. Earl, Jr. 149 E. Center Ave Sebring, FL 33870 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 powers. | | | |
| SIGNATURE:  | | 4/11/2008 863-471-2252 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

40068371

