2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # G28089

1. Entity Name
RENMAR GROVES, INC.

Principal Place of Business	Mailing Address
650 N ROCK RD P.O. BOX 2457 FT. PIERCE, FL 34945 US	P.O. BOX 2457 FT. PIERCE, FL 34954-9457 US

01312007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2338889
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DAN C
650 N. ROCK ROAD
FT. PIERCE, FL 34945

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

U00000615489
02/08/07-80074-020 150.00

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	VD
NAME	SCOTT, MARY F.
STREET ADDRESS	1010 S. 9TH ST.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	S
NAME	BROWN, EDGAR A.
STREET ADDRESS	WEST INDRIO RD
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	PD
NAME	SCOTT, DAN C.
STREET ADDRESS	650 N. ROCK RD.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	T
NAME	SCOTT, WAYNE A
STREET ADDRESS	1809 BAYSHORE DR.
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wayne A Scott 1/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #