2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28089

Entity Name: RENMAR GROVES, INC.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

650 N ROCK RD 650 N ROCK RD

P.O. BOX 2457 FT. PIERCE, FL 34945 US FT. PIERCE, FL 34945 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2457

FT. PIERCE, FL 349549457 US

FEI Number: 59-2338889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCOTT, DAN C FOWLER, MICHAEL D
650 N. ROCK ROAD 650 N. ROCK ROAD
ET DIEDOE EL 24045 LIS

FT. PIERCE, FL 34945 US FT. PIERCE, FL 34945 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: MICHAEL D. FOWLER 02/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 SCOTT, MARY F.
 Name:
 SCOTT, DAN C

 Address:
 1010 S. 9TH ST.
 Address:
 P O BOX 2457

City-St-Zip: FT. PIERCE, FL 34954 US

 $\begin{tabular}{lll} Title: & S & (\) Delete & Title: & S & (X) Change (\) Addition \\ \end{tabular}$

 Name:
 BROWN, EDGAR A.,
 Name:
 BROWN, EDGAR A

 Address:
 WEST INDRIO RD
 Address:
 P 0 BOX 2457

City-St-Zip: FT. PIERCE, FL 34954 US

Title: PD () Delete Title: V (X) Change () Addition

Name: SCOTT, DAN C. Name: SCOTT, KENNETH T

Address: 650 N. ROCK RD. Address: P O BOX 2457

City-St-Zip: FT. PIERCE, FL 34954 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SCOTT, WAYNE A
 Name:
 SCOTT, WAYNE A

 Address:
 1809 BAYSHORE DR.
 Address:
 P O BOX 2457

City-St-Zip: FT. PIERCE, FL 34954 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: DAN C. SCOTT P 02/18/2009