

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81091

FILED  
May 04, 2006  
Secretary of State

Entity Name: SCHUMANN GROVES, INC.

**Current Principal Place of Business:**

3970 8TH PLACE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

3940 8TH PLACE  
VERO BEACH, FL 32960 US

**Current Mailing Address:**

3970 8TH PLACE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

3940 8TH PLACE  
VERO BEACH, FL 32960 US

FEI Number: 59-2628530      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SCHUMANN, JOHN J.  
3940 8TH PLACE  
VERO BEACH, FL 32960 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SCHUMANN, KIM,  
Address: 3940 8TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

Title: PD ( ) Delete  
Name: SCHUMANN, JOHN J. II, I  
Address: 3940 8TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete  
Name: SCHUMANN, JOHN J JR  
Address: 1320 OLDE DOUBLOON DR  
City-St-Zip: VERO BEACH, FL 32960

Title: TD ( ) Delete  
Name: SCHUMANN, KIM  
Address: 3940 8TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM SCHUMANN

SD

05/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date