

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90034 002 ***150.00

DOCUMENT # H81091

1. Entity Name
 SCHUMANN GROVES, INC.



Principal Place of Business
 3940 8TH PLACE
 VERO BEACH, FL 32960 US

Mailing Address
 3940 8TH PLACE
 VERO BEACH, FL 32960 US

4001111111



03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2628530	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

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

DO NOT WRITE IN THIS SPACE

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUMANN, KIM 3940 8TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUMANN, JOHN J. III 3940 8TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHUMANN, JOHN J JR 1320 OLDE DOUBLOON DR VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUMANN, KIM 3940 8TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kim Schumann Kim SCHUMANN (SECRETARY) 4/14/08 772-562-5625
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #