


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K60779</b> 1. Entity Name <b>3JC GROVES, INC.</b>	
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Principal Place of Business <b>19645 HIGHWAY 98 NORTH OKEECHOBEE FL 34972</b>	Mailing Address <b>19645 HIGHWAY 98 NORTH OKEECHOBEE FL 34972</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	4. FEI Number <b>65-0114473</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

1st MOORE CR2E034 (10/05)

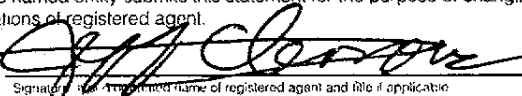
**6. Name and Address of Current Registered Agent**

**CLEMONS, OTIS J.  
19645 HWY 98 NORTH  
OKEECHOBEE FL**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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:  DATE: **2-16-06**  
Signature of the registered agent and file if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP <input type="checkbox"/> Delete	NAME <b>CLEMONS, OTIS J.</b>
STREET ADDRESS	<b>19645 HWY 98 NORTH</b>	CITY - ST - ZIP <b>OKEECHOBEE FL</b>
TITLE	DS <input type="checkbox"/> Delete	NAME <b>CLEMONS, DEBORAH S.</b>
STREET ADDRESS	<b>19645 HWY 98 NORTH</b>	CITY - ST - ZIP <b>OKEECHOBEE FL</b>
TITLE	T <input type="checkbox"/> Delete	NAME <b>CLEMONS, DEBORAH S.</b>
STREET ADDRESS	<b>19645 HWY 98 NORTH</b>	CITY - ST - ZIP <b>OKEECHOBEE FL</b>
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS	<input type="checkbox"/> Delete	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS	<input type="checkbox"/> Delete	CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add	CITY - ST - ZIP

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 03/10/06-80022-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **2-16-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR