


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # K60779 1. Entity Name 3JC GROVES, INC.	
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Principal Place of Business 19645 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972	Mailing Address 19645 HIGHWAY 98 NORTH OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0114473	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

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

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

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

U00000626449
02/15/07-80020-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLEMONS, OTIS J. 19645 HWY 98 NORTH OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLEMONS, DEBORAH S. 19645 HWY 98 NORTH OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMONS, DEBORAH S. 19645 HWY 98 NORTH OKEECHOBEE, FL
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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 any other like empowered.

SIGNATURE:  1-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #