

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # K60779

1. Entity Name
3JC GROVES, INC.



Principal Place of Business
19645 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972

Mailing Address
19645 HIGHWAY 98 NORTH
OKEECHOBEE, FL 34972



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0114473

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable

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

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02/19/08-80035-007 150.00

**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:

Deborah S Clemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

Daytime Phone #

863-763-6987