


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 180100 1. Entity Name HEIST GROVES, INC.	
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Principal Place of Business DORA DRIVE LAKE JEM, FL 32745 US	Mailing Address 27723 LAKE JEM ROAD MOUNT DORA, FL 32757 US
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0769491	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

HEIST, JOHN K.
27723 LAKE JEM ROAD
MOUNT DORA, FL 32757

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: John K. Heist JOHN K. HEIST, 4/14/08
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000900667 04/29/08-80037-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIST, JOHN K. 27723 LAKE JEM ROAD MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HEIST, OUIDA B. 601 N. McDONALD ST MOUNT DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: John K. Heist JOHN K. HEIST, 4/14/08 354-383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7275