

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90034 049 \*\*\*150.00

<b>DOCUMENT # 182643</b> 1. Entity Name <b>GLOMOR GROVES, INC.</b>					
Principal Place of Business <b>P.O. BOX 6785</b> <b>200</b> <b>VERO BEACH, FL 32961 US</b>			Mailing Address <b>P.O. BOX 6785</b> <b>200</b> <b>VERO BEACH, FL 32961 US</b>		
2. Principal Place of Business - No P.O. Box # <b>655 21st Street</b>		3. Mailing Address Suite, Apt. #, etc. <b>200</b>			
City & State <b>Vero Beach, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>59-0741839</b>	
Zip <b>32960</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GIBBONS, CHARLES D.</b> <b>1533 53RD AVENUE</b> <b>VERO BEACH, FL 32966</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, GLORIA M OSCEOLA BOULEVARD VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GIBBONS, CHARLES D 1533 53RD AVENUE, P.O. BOX 2403 VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>CHARLES D. M. Gibbons</b> <b>03/10/2008</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					