


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

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| DOCUMENT # 225644 |  |
| 1. Entity Name WILSON GROVES, INC. | |

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| Principal Place of Business 220 S. COMMERCE AVE SEBRING, FL 33870 | Mailing Address PO BOX 3346 SEBRING, FL 33871-3346 |
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-0887109 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent KAHN, MARVIN 220 S. COMMERCE AVE SEBRING, FL 33870 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | U00000784734 01/16/08-80064-019 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, RUTH ONE DANIEL BURNHAM CT #402 SAN FRANCISCO, CA 94109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, JACQUELINE WAL 3474 THORNWOOD DR DORAVILLE, GA 30341 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CRASKE, INDIA K 220 S. COMMERCE AVE SEBRING, FL 33870 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PETTAPECE, LUCY W. 400 S. RUSSELL DR. CASCADE, MT 59421 |
| 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.

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|---|---------------------|--------------------------------|
| SIGNATURE <u>India K. Craske, Secretary</u> | 1-10-08 | 8633856136 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |