2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# 225644

Entity Name: WILSON GROVES, INC.

Current Principal Place of Business:

220 S. COMMERCE AVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

PO BOX 3346
SEBRING, FL 338713346

New Mailing Address:

FEI Number: 59-0887109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAHN, MARVIN
220 S. COMMERCE AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WILSON, RUTH	
Address:	ONE DANIEL BURNHAM CT #402	
City-St-Zip:	SAN FRANCISCO, CA 94109	
Title:	D	( ) Delete
Name:	WILSON, JACQUELINE WAL	
Address:	3474 THORNWOOD DR	
City-St-Zip:	DORAVILLE, GA 30341	
Title:	S	( ) Delete
Name:	CRASKE, INDIA K	
Address:	220 S. COMMERCE AVE	
City-St-Zip:	SEBRING, FL 33870	
Title:	PD	( ) Delete
Name:	PETTAPIECE, LUCY W.,	
Address:	400 S. RUSSELL DR.	
City-St-Zip:	CASCADE, MT 59421	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INDIA CRASKE S 02/03/2009

Electronic Signature of Signing Officer or Director — Date