2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 234679

Entity Name: J. H. DICKINSON GROVES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
22 E WALL ST P O BOX 458 FROSTPROOF, FL 33843	22 E WALL ST FROSTPROOF, FL 33843

Current Mailing Address:	**New Mailing Address:**
22 E WALL ST P O BOX 458 FROSTPROOF, FL 33843	P. O. BOX 458 FROSTPROOF, FL 33843

FEI Number: 59-0921654   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DICKINSON JR, J H 105 S SCENIC HWY FROSTPROOF, FL 33843 US	

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DICKINSON JR,J H,	Name:	
Address:	20 HEIGHTS AVENUE	Address:	
City-St-Zip:	FROSTPROOF, FL	City-St-Zip:	

Title:	STD ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DICKINSON,ANNE W,	Name:	
Address:	20 HEIGHTS AVENUE	Address:	
City-St-Zip:	FROSTPROOF, FL	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: J.H. DICKINSON, JR.   PD   01/22/2009

        Electronic Signature of Signing Officer or Director   Date