


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90018 031 \*\*\*150.00

<b>DOCUMENT # 265540</b> 1. Entity Name JOE COLLURA GROVES, INC.	
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Principal Place of Business LAKE SUMMER ROAD P.O. BOX 338 DADE CITY, FL 33526-7338	Mailing Address LAKE SUMMER ROAD P.O. BOX 338 DADE CITY, FL 33526-7338
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**DO NOT WRITE IN THIS SPACE**

40039220



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0998223	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SUMNER, ROBERT D. 14150 SIXTH STREET DADE CITY, FL 33525
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLURA, FRANKIE JOE 38949 SUMNER LAKE RD. DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLURA, CAROLYN J 3224 GROVELAND DR. 5415 Tower St. DADE CITY, FL 33525 Ridge Manor, FL 33523
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: X *F. J. Collura* X 03-05-07 X 351 567 5007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

F. J. COLLURA