


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90022 014 ***150.00

DOCUMENT # 265540 1. Entity Name JOE COLLURA GROVES, INC.					
Principal Place of Business LAKE SUMMER ROAD P.O. BOX 338 DADE CITY, FL 33526-7338			Mailing Address PO BOX 281 DADE CITY, FL 33526-0281		
2. Principal Place of Business - No P.O. Box # 38949 Sumner Lake		3. Mailing Address Suite, Apt. #, etc. Road			
City & State Dade City, Florida		City & State Dade City, Florida			
Zip 33525		Country Pasco		Zip 33525	
Country Pasco		Country Pasco			
4. FEI Number 59-0998223			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SUMNER, ROBERT D. 14150 SIXTH STREET DADE CITY, FL 33525			7. Name and Address of New Registered Agent Name F.J. COLLURA Street Address (P.O. Box Number is Not Acceptable) NOTE: Post office will NOT deliver to street # 38949 SUMNER LAKE RD City DADE CITY FL Zip Code 33525		
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 F.J. Collura, president <i>F.J. Collura</i> 01-11-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLURA, FRANKIE JOE		NAME		
STREET ADDRESS	38949 SUMNER LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLURA, CAROLYN J		NAME		
STREET ADDRESS	5415 TOWER ST		STREET ADDRESS		
CITY-ST-ZIP	RIDGE MANOR, FL 33523		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <i>F.J. Collura</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			X 01-11-08 352-567-5007 <small>Date Daytime Phone #</small>		
F.J. COLLURA					