

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 277048

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: STOUDENMIRE GROVES, INC.

## Current Principal Place of Business:

409 WHITMARSH DR  
P O BOX 63  
DELAND, FL 327210063

## New Principal Place of Business:

409 WHITMARSH DR  
DELAND, FL 32724

## Current Mailing Address:

409 WHITMARSH DR  
P O BOX 63  
DELAND, FL 327210063

## New Mailing Address:

P.O. BOX 63  
DELAND, FL 327210063

FEI Number: 59-1039583

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOUDENMIRE, LOUISE  
409 WHITMARSH DR.  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

STOUDENMIRE, LOUISE  
409 WHITMARSH DR.  
DELAND, FL 32724 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: LOUISE STOUDENMIRE

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: STOUDENMIRE, LOUISE,  
Address: 409 WHITMARSH DRIVE  
City-St-Zip: DELAND, FL

Title: SD ( ) Delete  
Name: SCHWARTZ, GERALD F  
Address: 1900 KANAWHA DR  
City-St-Zip: STONE MOUNTAIN, GA

Title: VD ( ) Delete  
Name: SCHWARTZ, JANE,  
Address: 1900 KANAWHA DR.  
City-St-Zip: STONE MOUNTAIN GA,

Title: TD ( ) Delete  
Name: SCHWARTZ, GERALD F  
Address: 1900 KANAWHA DR  
City-St-Zip: STONE MOUNTAIN, GA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STOUDENMIRE, LOUISE  
Address: 409 WHITMARSH DRIVE  
City-St-Zip: DELAND, FL 32724

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

Title: VD (X) Change ( ) Addition  
Name: SCHWARTZ, JANE  
Address: 1900 KANAWHA DR.  
City-St-Zip: STONE MOUNTAIN, GA

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: LOUISE STOUDENMIRE

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date