

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 279573

FILED
Mar 30, 2008
Secretary of State

Entity Name: PLATTS GROVES INC

Current Principal Place of Business:

2953 SEMINOLE RD.
FT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

PO BOX 156
FT PIERCE, FL 34954

New Mailing Address:

PO BOX 1027
FT PIERCE, FL 34954

FEI Number: 59-1034057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATTS, NORMAN W
2953 SEMINOLE RD.
FORT PIERCE, FL 34951 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: PD () Delete
Name: PLATTS,NORMAN W,
Address: 2953 SEMINOLE ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: SD () Delete
Name: FORGET, KATHLEEN P
Address: 3195 SEMINOLE RD
City-St-Zip: FORT PIERCE, FL 34951

Title: VD () Delete
Name: PLATTS, N PARKER,
Address: 11670 TWIN CREEKS DR
City-St-Zip: FORT PIERCE, FL 34954

Title: TD () Delete
Name: PLATTS, PARKER N
Address: 11670 TWIN CREEKS DR
City-St-Zip: FORT PIERCE, FL 34945

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: N. PARKER PLATTS

V/D

03/30/2008

Electronic Signature of Signing Officer or Director

_____ Date