2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # 286358 1. Entity Name BECKER GROVES INC | | | | | | ĒΙ <u>:</u> | .Eo | | | |
|--|--|----------------------------------|-------------|--|---|----------------------------|---------------------------|--------------------------------|--------------|--|
| Principal Place of Business Mailing Address | | | | | | 571 2007 APR 15 8800 | | | | |
| 2627 S JENKINS ROAD 2627 S JENKINS ROAD Fort Pierce, FL 34981 US Fort Pierce, FL 34981 U | | | S | | - 11 1 1 C | AH 10: | 45 | | | |
| 10K(11EK0E, 1E 34301 03 , 0K(11EK0E, 1E 34301 0 | | | | J | e manua referi | V-0012 : | | | 1561 (6.158) | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01152007 | Chg-P | CR2E034 | (12/06) | | | |
| City & State | | City & State | | 4. FEI Number Applied For 59-1101047 Not Applied | | | plied For t Applicable | | | |
| Zip | Country | Zip Coun | | try | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current I | | legistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| ייי | TUOMAC | Name | | | | | | | | |
| HURLEY, THOMAS 2627 S JENKINS ROAD FORT PIERCE, FL 34981 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | | |
| ÷ | | | City | | | FL | Zip Code | | | |
| 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 Combin CEO 4/17/07 | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AND D | DIRECTORS | S IN 11 | |
| TITLE | PD | ☐ Delete | FITL | I | | | [| Change | Addition | |
| NAME STREET ADDRESS | CUSSON, JEFFREY L 736 36TH AVENUE | | NAM STRE | E ADDRESS | | | | | | |
| CITY-ST-ZIP | VERO BEACH, FL 32968 | | | -ST-ZIP | | | | | | |
| THLE | CD HUBIEV THOMAS | Delete | HIL | | | 300099 | 1086) | Change | Addition | |
| NAME STREET ADDRESS | HURLEY, THOMAS 2627 S JENKINS ROAD | | | ELT ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | |
| TITLE NAME | SD HURLEY, SCOTT R | ☐ Delete | TITLI | | | R. SCOTT | X[| X Change | ☐ Addition | |
| STREET ADDRESS | 2627 S JENKINS ROAD | | | ET ADDRESS 26 | 327 S. | JENKINS P RCE, FL 3 | ROAD | | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34981 | | + | | ORT PIE | RCE, FL 3 | | | [T] | |
| NAME | TD HURLEY, RICHARD | ☐ Delete | NAM | I | | | ł | Change | Addition | |
| STREET ADDRESS | 2627 S JENKINS ROAD | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | FORT PIERCE, FL 34981 | | | -ST-ZIP | | | | Channe | T Addition | |
| TITLE NAME | | ☐ Delete | NAM | I | | | Į. | | Addition | |
| STREET ADDRESS | | | | EE1 ADDRESS | | | | | | |
| CITY-ST-ZIP | | П о-и | - | -ST-ZIP | | 1-1-1 | | Change | Addition | |
| TITLE NAME | | ☐ Delete | NAM | |) , , | 10.1 | _ | onange | | |
| STREET ADDRESS | | | | EET ADDRÉSS '-SI-ZIP | 44 | 1241n | 7 | | | |
| CITY-ST-ZIP | certify that the information supplied with | this filing does not qualify for | or the ex | emptions containe | ed in Chapter 11 | , Florida Statutes. I | further certify | that the in | nformation | |
| 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: Thomas Hurley 4/17/07 772-595-3100 | | | | | | | | | | |

Daytime Phone #