2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# 290835

Entity Name: EARRING POINT GROVES, INC.

Current Principal Place of Business:

1122 OLD DIXIE HWY
B-7
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1122 OLD DIXIE HWY
B-7
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-1105032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL, GORDON A
2655 69TH ST
VERO BEACH, FL 32967 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: DST ( ) Delete
Name: MICHAEL, JOE W
Address: ONE EARRING PT
City-St-Zip: VERO BEACH, FL

Title: DP ( ) Delete
Name: MICHAEL-NEELY, BURKE
Address: TWO EARRING POINT
City-St-Zip: VERO BEACH, FL

Title: VD ( ) Delete
Name: MICHAEL, GORDAN A
Address: 2655 69TH STREET
City-St-Zip: VERO BEACH, FL

Title: SEC ( ) Delete
Name: MICHAEL, ANNE D
Address: ONE EARRING POINT
City-St-Zip: VERO BEACH, FL 32963

Title: ASEC (X) Delete
Name: WAGGAMAN, B A
Address: 3631 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: ATRE (X) Delete
Name: NEELY, RONALD G
Address: TWO EARRING POINT
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: MICHAEL, ANNE D
Address: ONE EARRING PT
City-St-Zip: VERO BEACH, FL

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

Title: VD (X) Change ( ) Addition
Name: MICHAEL, GORDON A
Address: 2655 69TH STREET
City-St-Zip: VERO BEACH, FL

Title: ATRE (X) Change ( ) Addition
Name: NEELY, RONALD G
Address: TWO EARRING POINT
City-St-Zip: VERO BEACH, FL 32963

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: BURKE MICHAEL-NEELY P 04/09/2008
Electronic Signature of Signing Officer or Director Date