2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290835

NEELY, RONALD G

TWO EARRING POINT

VERO BEACH, FL 32963

Name:

Address:

City-St-Zip:

Entity Name: EARRING POINT GROVES, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1122 OLD B-7	DIXIE HWY				
	ACH, FL 3296	0 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	DIXIE HWY				
B-7 VERO BE/	ACH, FL 3296	0 US			
FEI Number	: 59-1105032	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2655 69TF VERO BE	ÁCH, FL 3296		purpose of changing its registere	d office or registered agent, or both,	
	e of Florida.				
SIGNATUI					
Electronic Signature of Registered Agen			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DST () MICHAEL, ANN ONE EARRING VERO BEACH,	PT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delete MICHAEL-NEELY, BURKE TWO EARRING POINT VERO BEACH, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MICHAEL, GOF 2655 69TH STF VERO BEACH,	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ATRE () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BURKE MICHAEL-NEELY DP 02/12/2009