


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 027 ***150.00

DOCUMENT # 322068
 1. Entity Name
 RUBUSH GROVES, INC.



Principal Place of Business Mailing Address
 P O BOX 121 P O BOX 121
 LAKE HAMILTON, FL 33851 LAKE HAMILTON, FL 33851



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PO Box 1071 PO Box 1071

01062006 Chg-P CR2E034 (11/05)

City & State City & State
 Lake Hamilton, FL Lake Hamilton, FL

4. FEI Number Applied For
 59-1205995 Not Applicable

Zip Country Zip Country
 33851 FL 33851 FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUBUSH, GUY W.
 519 N PARK AVE
 P.O. BOX 121
 LAKE HAMILTON, FL 33851

7. Name and Address of New Registered Agent
 Name: Jack E. Rubush
 Street Address (P.O. Box Number is Not Acceptable): 723 Main St.
 PO Box 274
 City: Lake Hamilton FL Zip Code: 33851

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: Jack E. Rubush Jack E. Rubush 1/10/06
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, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUBUSH, GUY W 519 N PARK AVE, P.O. BOX 121 LAKE HAMILTON, FL 00000, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBUSH, GLEN E 528 N. RIVER RD., BOX 1773 LABELLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, JEAN 8337 W LAKE MARION RD HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rubush, Jack E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 723 Main St. Lake Hamilton, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rubush, Glen E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 711 Monet St. Lee High Acres, FL 33936-6729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Adams, Jean R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8337 W, Lake Marion Rd. Haines City, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garcia, Charlotte <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 527 N. Park Ave. Lake Hamilton, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jack E. Rubush 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #