2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2008 8:00 am **DOCUMENT # 322068 Secretary of State** 1. Entity Name RUBUSH GROVES, INC. 01-30-2008 90040 013 ***150.00 Principal Place of Business Mailing Address P 0 B0X 1071 P 0 B0X 1071 LAKE HAMILTON, FL 33851 LAKE HAMILTON, FL 33851 No Chg-P CR2E034 (11/05) 01122008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1205995 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO:NOT:WRITE RUBUSH, JACK E 723 MAIN ST P.O. BOX 274 IN THIS SPACE LAKE HAMILTON, FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RUBUSH, JACK E NAME 723 MAIN ST STREET ADDRESS CITY-ST-ZIP LAKE HAMILTON, FL: 33851 TITLE RUBUSH, GLEN E NAME 3889W. Double J. Acres LEHIGHAGRES, FL 33336 La Belle, FL 33935 STREET ADDRESS 711-MONET ST-CITY-ST-ZIP TITLE ADAMS, JEAN R NAME STREET ADDRESS 8337 W LAKE MARION RD DO NOT WRITE CITY-ST-ZIP HAINES CITY, FL 33844 IN THIS SPACE GARCIA, CHARLOTTE NAME 527 N PARK AVE STREET ADDRESS LAKE HAMILTON, FL 33851 CITY-ST-ZIP TIΠE NAME STREET ADDRESS CITY-ST-ZIP TITI E NAME STREET ADDRESS

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.

CITY-ST-ZIP