

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328737

FILED
Feb 07, 2007
Secretary of State

Entity Name: ARMCO GROVES INC

Current Principal Place of Business:

25400 SW 139TH AVENUE
HOMESTEAD, FL 33032 US

New Principal Place of Business:

25400 SW 139TH AVENUE
PRINCETON, FL 33032 US

Current Mailing Address:

PO BOX 924282
HOMESTEAD, FL 33092 US

New Mailing Address:

FEI Number: 59-1210729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, GALE S
C/O 11245 NW 131 ST
MEDLEY, FL 33178 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: VST () Delete
Name: CRAWFORD, GALE,
Address: PO BOX 924282 N/A
City-St-Zip: HOMESTEAD, FL 33092 US

Title: PD () Delete
Name: PRICE, CW,
Address: PO BOX 924282 N/A
City-St-Zip: HOMESTEAD, FL 33092 US

Title: D () Delete
Name: ZUNJIC, BRANKO,
Address: PO BOX 924282 N/A
City-St-Zip: HOMESTEAD, FL 33092 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSTD (X) Change () Addition
Name: CRAWFORD, GALE S
Address: 25400 SW 139TH AVE
City-St-Zip: PRINCETON, FL 33032 US

Title: PD (X) Change () Addition
Name: PRICE, CHARLES W
Address: 25400 SW 139TH AVE
City-St-Zip: PRINCETON, FL 33032 US

Title: D (X) Change () Addition
Name: ZUNJIC, BRANKO
Address: 25400 SW 139TH AVE
City-St-Zip: PRINCETON, FL 33032 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GALE S CRAWFORD

VSTD

02/07/2007

Electronic Signature of Signing Officer or Director

_____ Date