


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # 343521**  
1. Entity Name  
**SHERWOOD JOHNSON & SON GROVE MANAGEMENT, INC.**



Principal Place of Business  
**2650 SOUTH KINGS HWY  
FT PIERCE, FL 34945**

Mailing Address  
**2650 SOUTH KINGS HWY  
FT PIERCE, FL 34945**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1235045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, SHERWOOD J  
2650 SOUTH KINGS HWY.  
FORT PIERCE, FL 34945**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>JOHNSON, SHERWOOD J 8410 IMMOKOLEE ROAD FORT PIERCE, FL</b>
TITLE <b>STD</b>	<b>JOHNSON, PATRICIA A 8410 IMMOKOLEE ROAD FORT PIERCE, FL</b>
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	

U00000732882  
05/09/07-80064-013 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Patricia A. Johnson* **PATRICIA A. JOHNSON** 4/23/07 (772)461-7725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #