

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 383585

FILED
Feb 18, 2009
Secretary of State

Entity Name: LUMSDEN GROVES, INC.

Current Principal Place of Business:

1002 S. MT. CARMEL
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1002 S. MT. CARMEL
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-1351413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLITES, EVELYN
305 CINDY LANE
BRANDY, FL
BRANDON, FL 33510 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: VS () Delete
Name: GUNN, FRANCES
Address: 1002 S MT CARMEL
City-St-Zip: BRANDON, FL

Title: D () Delete
Name: GUNN, DONALD
Address: 1002 S MT CARMEL
City-St-Zip: BRANDON, FL

Title: P () Delete
Name: CLITES, EVELYN
Address: 305 CINDY LANE
City-St-Zip: BRANDON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONALD H. GUNN

DR

02/18/2009

Electronic Signature of Signing Officer or Director

Date