2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 449048

1. Entity Name
JOSHUA CREEK GROVES, INC.

Principal Place of Business	Mailing Address
218 S. POLK AVENUE ARCADIA, FL 34266	P.O. BOX 550 ARCADIA, FL 34266 US

DO NOT WRITE IN THIS SPACE

02232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1604556	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMERALL, JR R L
2418 SE AIRPORT RD
ARCADIA, FL 33821

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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_____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SUMMERALL, MYRTLE
STREET ADDRESS	2418 SE AIRPORT RD
CITY-ST-ZIP	ARCADIA, FL
TITLE	VTD
NAME	SUMMERALL, ROBERT JR
STREET ADDRESS	2418 SE AIRPORT RD
CITY-ST-ZIP	ARCADIA, FL
TITLE	PD
NAME	MIXON, BOBBY C.
STREET ADDRESS	1500 SE REYNOLDS ST
CITY-ST-ZIP	ARCADIA, FL
TITLE	V
NAME	MIXON, BARBARA
STREET ADDRESS	1500 SE REYNOLDS ST
CITY-ST-ZIP	ARCADIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/05-80050-003 450.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert L Summerall*   Robert L. Summerall, Jr.   2-23-05   (863)494-1551

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