## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 449048**

MIXON, BARBARA,

ARCADIA, FL

1500 SE REYNOLDS ST

Name:

Address:

City-St-Zip:

FILED Apr 30, 2006 Secretary of State

Entity Nar	ne: JOSHU	A CREEK GROVES, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
218 S. POL ARCADIA,	K AVENUE FL 34266						
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX ( ARCADIA,		US					
FEI Number:	59-1604556	FEI Number Applied For ( )	FEI Number Not Appl	cable ( ) Certi	ificate of Status Desir	ed ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	ALL, JR R L IRPORT RD FL 33821	US	2418 SE AI	SUMMERALL, MYRTLE SD 2418 SE AIRPORT RD ARCADIA, FL 33821 US			
The above in the State		submits this statement for the p	urpose of changing it	s registered office	or registered agent	, or both,	
SIGNATUR	RE: SUMME	RALL, M YRTLE			04/30/2006		
	Electro	onic Signature of Registered Age	nt		Date		
Election Can	npaign Financi	ng Trust Fund Contribution ( ).					
OFFICERS	S AND DIRE	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SD ( SUMMERALL 2418 SE AIRI ARCADIA, FL	PORT RD	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition		
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	TD (X) Chan ESKEW, LORI A TD 5336 WINEWOOD DF SARASOTA, FL 3423			
Title: Name: Address: City-St-Zip:	PD ( MIXON, BOB 1500 SE REY ARCADIA, FL	NOLDS ST	Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition		
Title:	V (	) Delete	Title:	( ) Chan	ge ( ) Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORI ESKEW TD 04/30/2006