

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90333 001 ***450.00

DOCUMENT # 449048

1. Entity Name
JOSHUA CREEK GROVES, INC.



Principal Place of Business

218 S. POLK AVENUE
ARCADIA, FL 34266

Mailing Address

P.O. BOX 550
ARCADIA, FL 34266 US

66012742



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1604556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMMERALL, MYRTLE SD
2418 SE AIRPORT RD
ARCADIA, FL 33821

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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

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, 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 SD
NAME SUMMERALL, MYRTLE
STREET ADDRESS 2418 SE AIRPORT RD
CITY-ST-ZIP ARCADIA, FL

TITLE TD
NAME ESKEW, LORI A TD
STREET ADDRESS 5336 WINEWOOD DRIVE
CITY-ST-ZIP SARASOTA, FL 34232

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lori Eskeu *Lori Eskeu Treas.* 4-17-07 863-494-1551