2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 449048

Entity Name: JOSHUA CREEK GROVES, INC.

Current Principal Place of Business:

218 S. POLK AVENUE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 59-1604556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERALL, MYRTLE SD
2418 SE AIRPORT RD
ARCADIA, FL 33821 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: SD ( ) Delete
Name: SUMMERALL, MYRTLE
Address: 2418 SE AIRPORT RD
City-St-Zip: ARCADIA, FL

Title: TD ( ) Delete
Name: ESKEW, LORI A TD
Address: 5336 WINEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: PD ( ) Delete
Name: MIXON, BOBBY C.
Address: 1500 SE REYNOLDS ST
City-St-Zip: ARCADIA, FL

Title: V ( ) Delete
Name: MIXON, BARBARA
Address: 1500 SE REYNOLDS ST
City-St-Zip: ARCADIA, 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:

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: LORI A. ESKEW TD 04/29/2009

Electronic Signature of Signing Officer or Director Date