


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 519183
 1. Entity Name
JHC GROVES, INC.



Principal Place of Business PINE ISLAND ROAD P. O. BOX 494 GROVELAND, FL 34736-0494	Mailing Address PINE ISLAND ROAD P. O. BOX 494 GROVELAND, FL 34736-0494
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1706814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEININGER, LORENE
PINE ISLAND ROAD
GROVELAND, FL 32738

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD LEININGER, BOB PINE ISLAND ROAD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEININGER, LORENE PINE ISLAND ROAD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEININGER, LORENE PINE ISLAND ROAD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEININGER, CHESTER 15220 BAY LAKE RD GROVELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEININGER, HENRY 10616 S PHILLIPS RD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100008607514
 02/07/08=80012-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Lorene Leininger 1-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #