2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519183

Entity Name: JHC GROVES, INC.

FILED Feb 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PINE ISLAND ROAD
P. O. BOX 494
GROVELAND, FL 347360494
PINE ISLAND ROAD
10715 S PHILLIPS RD
CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

PINE ISLAND ROAD P. O. BOX 494 GROVELAND, FL 347360494

FEI Number: 59-1706814 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEININGER, LORENE
PINE ISLAND ROAD
GROVELAND, FL 32736 US
PINE ISLAND ROAD
10715 S PHILLIPS ROAD
CLERMONT, FL 34711 US

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: LORENE LEININGER 02/01/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPD

Name: LEININGER, BOB Address: P O BOX 494

City-St-Zip: GROVELAND, FL 34736

Title: 9

Name: LEININGER, LORENE Address: P O BOX 494

City-St-Zip: GROVELAND, FL 34736

Title: D

Name: LEININGER, LORENE Address: P.O. BOX 494

City-St-Zip: GROVELAND, FL 34736

Title: [

Name: LEININGER, CHESTER
Address: 11133 S PHILLIPS RD
City-St-Zip: CLERMONT, FL 34711

Title:

Name: LEININGER, HENRY
Address: 10616 S PHILLIPS RD
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: LORENE LEININGER SEC 02/01/2010