


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 006 ***150.00

DOCUMENT # 568786		
1. Entity Name REPPARD GROVES, INC.		

Principal Place of Business 14314 HALE ROAD DADE CITY, FL 33523 US	Mailing Address 14314 HALE ROAD DADE CITY, FL 33523 US
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2. Principal Place of Business - No P.O. Box # 660 BEACHLAND BLVD. Suite, Apt. #, etc. SUITE 301 City & State VERO BEACH, FL Zip 32963 Country USA	3. Mailing Address 660 BEACHLAND BLVD. Suite, Apt. #, etc. SUITE 301 City & State VERO BEACH, FL Zip 32963 Country USA
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01082008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1810403	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SULLIVAN, JOHN C 2555 PONCE DE LEON BLVD., STE. 320 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent Name J. EMMETT EVANS, III Street Address (P.O. Box Number is Not Acceptable) 660 BEACHLAND BLVD., SUITE 301 City VERO BEACH FL Zip Code 32963
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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 J. C. [Signature] DATE 1-8-08
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD EVANS, JAMES E 14314 HALE ROAD DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JAMES E 14314 HALE ROAD DADE CITY, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REPPARD JONES, EVELYN 12 ALPINE NEWMAN, GA 30268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD J. EMMETT EVANS, III 660 BEACHLAND BLVD., SUITE 301 VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN C. SULLIVAN 2555 PONCE DE LEON BLVD., STE 300 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Evelyn Reppard Jones DATE 1-17-08 DAYTIME PHONE # 1-770-2534895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR