2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM **DOCUMENT # 580658** Secretary of State 1. Entity Name M & J GROVES, INC. Principal Place of Business Mailing Address CORNER OF S.R. 42 & COUNTY RD. 450 CORNER OF S.R. 42 & COUNTY RD. 450 P O BOX 661 UMATILLA FL 32784 P O BOX 661 UMATILLA FL 32784 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-1835938 Not Applical Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRICKLEN, MARGARET B. Street Address (P.O. Box Number is Not Acceptable) 20020 E HWY 42 **UMATILLA FL 32784** Zip Code 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 access the obligations of registered agent SIGNATURE Signature, typed or printed mame of registered again and title if applicable (NDTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May D 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TIFLE ☐ Change ☐ Addition U00000403954 NAME STRICKLEN, MARGARET B. NAME 02/09/06-80015-024 190.00 STREET ADDRESS S.R. 42 & COUNTY RD 450 STREET ADDRESS CHY-ST-7F CITY-ST-ZIP UMATILLA FL 🗆 Defete TITLE ☐ Change □ A. ****; 717) F NAME STRICKLEN, MARGO JAN NAME STREET ADDRESS SR 42 & COUNTY RD 450 STREET ADDRESS CITY-ST-ZIP UMATILLA FL CITY-ST-ZIP Adding ☐ Detete [] Change 33117 TIT/ F NAME NAME STRICKLEN, LINDA JOY STREET ADDRESS STREET ADDRESS SR 42 & COUNTY RD 450 CITY-ST-ZIP City-ST-ZiP UMATILLA FL ☐ Addiii. TITLE Defete IIILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Defete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Agdii. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IN CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: Market S. Hlucklin

1/24/06 Ru -

FILED