
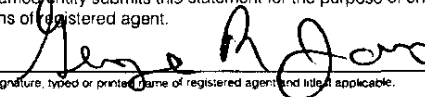
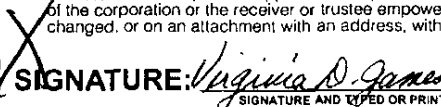


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90055 030 ***150.00

DOCUMENT # 587892							
1. Entity Name JAMES GROVES AND RANCH, INC.							
Principal Place of Business 17821 JAMES RD DADE CITY, FL 33523-6248 US			Mailing Address 17821 JAMES ROAD DADE CITY, FL 33523-6248 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1851026			
Applied For		Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JAMES, GEORGE C. 17821 JAMES ROAD DADE CITY, FL 33523-6248			Name James, George R.				
			Street Address (P.O. Box Number is Not Acceptable) 4230 S. MacDill Ave, Suite K				
			City Tampa			FL	Zip Code 33611
			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.			4/5/08	
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DS <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	JAMES, VIRGINIA D	NAME					
STREET ADDRESS	17821 JAMES ROAD	STREET ADDRESS					
CITY-ST-ZIP	DADE CITY, FL 33523	CITY-ST-ZIP					
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JAMES, GEORGE C	NAME					
STREET ADDRESS	17821 JAMES ROAD	STREET ADDRESS					
CITY-ST-ZIP	DADE CITY, FL 33523	CITY-ST-ZIP					
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JAMES, GEORGE R.	NAME					
STREET ADDRESS	17821 JAMES ROAD	STREET ADDRESS	4230 S. MacDill Ave, Suite K				
CITY-ST-ZIP	DADE CITY, FL 33523	CITY-ST-ZIP	Tampa, FL 33611				
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BEECHAM, LINDA J.	NAME					
STREET ADDRESS	3609 LAURELLEDGE LANE	STREET ADDRESS					
CITY-ST-ZIP	AUSTIN, TX 78731	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: 		VIRGINIA D. JAMES, President		4-7-08 (352) 588-2266			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			