


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2008 90055 034 ***150.00

DOCUMENT # 613110 1. Entity Name DOUGLAS FORT DADE GROVES, INC.					
Principal Place of Business 17821 JAMES RD P.O. BOX 71 DADE CITY, FL 33523-6248 US			Mailing Address 17821 JAMES RD 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			
Zip	Country	Zip	Country	4. FEI Number 59-1887345	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, VIRGINIA D 17821 JAMES RD DADE CITY, FL 33523			7. Name and Address of New Registered Agent 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. SIGNATURE: <u><i>George R. James</i></u> 4/5/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D BEECHAM, LINDA J 3609 LAURELLEDGE LANE AUSTIN, TX 78731 <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	PD JAMES, VIRGINIA D. 17821 JAMES ROAD DADE CITY, FL 33523 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES, GEORGE C 17821 JAMES ROAD DADE CITY, FL 33523 <input checked="" 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	VD JAMES, GEORGE, R 4230 S. MacDill Ave, Suite K Tampa, FL 33611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4230 S. MacDill Ave, Suite K Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVILLE, JEAN D 3905 17TH AVE. DT. WEST BRADENTON, FL 34205 <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: <u><i>Virginia D. James</i></u> VIRGINIA D. JAMES, President 4-7-08 (752) 588-2266 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					