2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 613110

FILED Jan 30, 2009 Secretary of State

Entity Name: DOUGLAS FORT DADE GROVES, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
MES RD :71 ГҮ, FL 3352362	48 US	17821 JAMES RD DADE CITY, FL 3352:	36248 US	
current Mailing Address:		New Mailing Address	New Mailing Address:	
MES RD TY, FL 3352362	48 US			
r: 59-1887345	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
ACDILL AVE FL 33611 US	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
IRE:				
Electroni	c Signature of Registered Ag	ent	Date	
mpaign Financing	Trust Fund Contribution ().			
PFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
BEECHAM, LÌNE 3609 LAURELLE	DA J, EDGE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
JAMES, VIRGIN 17821 JAMES R	IA D., OAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
VD () JAMES, GEOGR 4230 S MACDIL TAMPA, FL 336	L AVE SUITE K	Title: Name: Address: City-St-Zip:	() Change () Addition	
	71 TY, FL 3352362 Mailing Address MES RD TY, FL 3352362 TS9-1887345 CADILL AVE TAGENTIAL AV	71 TY, FL 335236248 US Mailing Address: MES RD TY, FL 335236248 US E: 59-1887345 FEI Number Applied For () Ed Address of Current Registered Agent: BEORGE R ACDILL AVE EL 33611 US In a named entity submits this statement for the period of Florida. RE: Electronic Signature of Registered Agent Agen	T1 DADE CITY, FL 3352 Y, FL 335236248 US Mailing Address: MES RD Y, FL 335236248 US T: 59-1887345 FEI Number Applied For () FEI Number Not Applicable () Did Address of Current Registered Agent: Name and Address of Course Registered Agent Name: Electronic Signature of Registered Agent Mapaign Financing Trust Fund Contribution (). S AND DIRECTORS: D () Delete BEECHAM, LINDA J, 3609 LAURELLEDGE LANE AUSTIN, TX 78731 S () Delete JAMES, VIRGINIA D., Name: Name:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA D JAMES S 01/30/2009