2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 628989

Entity Name: TRIPLE M. GROVES, INC.

Current Principal Place of Business:

2000 N KINGS HWY
P O BOX 670
FORT PIERCE, FL 34954

New Principal Place of Business:

2000 N KINGS HWY
FORT PIERCE, FL 34954

Current Mailing Address:

2000 N KINGS HWY
P O BOX 670
FORT PIERCE, FL 34954

New Mailing Address:

P O BOX 670
FORT PIERCE, FL 34951

FEI Number: 59-1924648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINTON, JOHN L
4905 4TH ST
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MINTON, B T
Address: 8431 HIDDEN PINES ROAD
City-St-Zip: FORT PIERCE, FL 00000,

Title: STD ( ) Delete
Name: MINTON, JOHN L
Address: 4905 4TH ST
City-St-Zip: VERO BEACH, FL 00000,

Title: D ( ) Delete
Name: MINTON, SHIRLEY ANN
Address: 2501 S INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD ( ) Delete
Name: MINTON, MICHAEL D
Address: 2513 S INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MINTON, B T
Address: 8431 HIDDEN PINES ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: STD (X) Change ( ) Addition
Name: MINTON, JOHN L
Address: 4905 4TH ST
City-St-Zip: VERO BEACH, FL 32968

Title: D (X) Change ( ) Addition
Name: MINTON, SHIRLEY ANN
Address: 2513 S INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN L MINTON SEC 04/21/2009
Electronic Signature of Signing Officer or Director Date