## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 28, 2008 08:00 AM **DOCUMENT #639518 Secretary of State** BURTON-BOSTICK GROVES, INC. Principal Place of Business Mailing Address **501 WEST MAIN ST** PO BOX 426 WAUCHULA, FL 33873 WAUCHULA, FL 33873 US US No Chg-P 01202008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1969205 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BURTON, JOHN W. H. DO NOT WRITE 501 W MAIN ST WAUCHULA, FL 33873 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TOTLE 000000802214 02/01/08-80051-003 150.00 BURTON, JOHN W.H. NAME STREET ADDRESS 501 W. MAIN ST WAUCHULA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

ident

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Pres

Burton,

W.H.

John