2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 644128

Entity Name: FLOOD GROVES CORPORATION

Current Principal Place of Business:

50 N. ORANGE AVENUE
P.O. BOX 1146
FROSTPROOF, FL 33843

New Principal Place of Business:

50 N. ORANGE AVENUE
FROSTPROOF, FL 33843

Current Mailing Address:

PO BOX 1434
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 59-1939208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOOD, LUCILLE B
1861 CR 630 W
D
FROSTPROOF, FL 33843 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: VSD ( ) Delete
Name: FLOOD, FREDERICK C,
Address: 338 W. F. STREET
City-St-Zip: FROSTPROOF, FL

Title: VD ( ) Delete
Name: FLOOD, LARRY R,
Address: 370 B STREET W
City-St-Zip: FROSTPROOF, FL

Title: VD ( ) Delete
Name: BEALS, LYNN FLOOD,
Address: 9606 OLD FARM ROAD
City-St-Zip: WOOD WAY, TX 76712

Title: PTD ( ) Delete
Name: FLOOD, LUCILLE B,
Address: 1861 CR 630 W
City-St-Zip: FROSTPROOF, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LUCILLE B. FLOOD PTD 02/23/2009

Electronic Signature of Signing Officer or Director — Date