2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 660949

Entity Name: F & J GROVES, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

650 E BAY AVE 650 E BAY AVE

PO BOX 87 LONGWOOD, FL 327520087 US LONGWOOD, FL 327520087 US

Current Mailing Address: New Mailing Address:

P.O. BOX 520087 PO BOX 87

LONGWOOD, FL 327520087 US

FEI Number: 59-1997924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BISTLINE, FREDERICK W.

650 E. BAY AVENUE
LONGWOOD, FL 32750 US

BISTLINE, JOHN A
470VILLAGE PLACE
LONGWOOD, FL 32779 US

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: JOHN A BISTLINE 03/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition Name: BISTLINE, FREDERICK, W. BISTLINE, FREDERICK, W.

 Address:
 650 E. BAY AVE.
 Address:
 650 E. BAY AVE.

 City-St-Zip:
 LONGWOOD, FL
 City-St-Zip:
 LONGWOOD, FL

Title: SD () Delete Title: () Change () Addition

 Name:
 BISTLINE, CAROLYN,
 Name:

 Address:
 650 E. BAY AVE.
 Address:

 City-St-Zip:
 LONGWOOD, FL
 City-St-Zip:

Title: TD () Delete Title: PD (X) Change () Addition Name: BISTLINE, JOHN A JR., ,
Address: 470 VILLAGE PLACE, APT. 216 Title: PD (X) Change () Addition Name: BISTLINE, JOHN A JR., ,
Address: 470 VILLAGE PLACE, APT. 216

City-St-Zip: LONGWOOD, FL City-St-Zip: LONGWOOD, FL

Title: T () Delete Title: T (X) Change () Addition

 Name:
 BISTLINE, JOHN A JR
 Name:
 BISTLINE, JOHN A JR

 Address:
 490 VILLAGE PL #216
 Address:
 470 VILLAGE PL #216

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 LONGWOOD, FL 32779

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 A BISTLINE PRES 03/11/2009