2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694375

FILED Jan 12, 2009 Secretary of State

Entity Nam	ne: SIX OAKS	GROVES, INC.		•	
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
<unused> FT PIERCE</unused>	> E, FL 34945				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ARTY ROAD E, FL 34945				
FEI Number:	59-2122641	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
13051 OKE	ARY ANNE C ECHOBEE RI ;, FL 34945	D US			
The above in the State		submits this statement for the pr	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	P () CARLTON, WES		Title: P () Name: CARLTON, R		

3810 ELEVEN MILE RD 3810 ELEVEN MILE RD City-St-Zip: FT PIERCE, FL 34945 City-St-Zip: FT PIERCE, FL 34945

() Delete Title: () Change () Addition

CRUSE, MARY ANNE C Name: Name: Address: 13051 OKEECHOBEE RD Address: FT. PIERCE, FL 34945 City-St-Zip: 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: MARY ANNE C CRUSE ST 01/12/2009