


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # 695069
 1. Entity Name
 TLC GROVES, INC.



Principal Place of Business Mailing Address
 1023 EUCLID LN. 1023 EUCLID LN.
 PORT SAINT LUCIE, FL 34953 PORT SAINT LUCIE, FL 34953

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

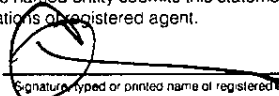
4. FEI Number Applied For
 59-2155677 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 ORR, ROGER G
 1021 SW SUTAN DR
 PORT SAINT LUCIE, FL 34953

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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000003862378
 04/02/08-80047-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORR, SYLVIA D
STREET ADDRESS	2912 BRIMAC
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	DT
NAME	ORR, A D, JR
STREET ADDRESS	1023 EUCLID LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	DS
NAME	ORR, ROGER G
STREET ADDRESS	1021 SW SUTAN DR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied in 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 officers empowered.

SIGNATURE:  Date: 03/13/08 Daytime Phone #