

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 695069

Entity Name: TLC GROVES, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

1023 EUCLID LN.
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1023 EUCLID LN.
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

1023 EUCLID LN.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

1023 EUCLID LN.
PORT SAINT LUCIE, FL 34983

FEI Number: 59-2155677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, ROGER G
1021 SW SUTAN DR
PORT SAINT LUCIE, FL 34953 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: PD () Delete
Name: ORR, SYLVIA D,
Address: 2912 BRIMAC
City-St-Zip: FORT PIERCE, FL 34981

Title: DT () Delete
Name: ORR, A D, JR,
Address: 1023 EUCLID LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: DS () Delete
Name: ORR, ROGER G,
Address: 1021 SW SUTAN DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: ORR, A D, JR,
Address: 1023 EUCLID LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: DS (X) Change () Addition
Name: ORR, ROGER G,
Address: 1021 SW SUTAN DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: A. D. ORR JR.

DT

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date