

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001113

Entity Name: GROVE MASONRY MAINTENANCE, INC.

FILED  
Jan 21, 2008  
Secretary of State

**Current Principal Place of Business:**

4234 W 124TH PLACE  
ALSIPI, IL 60803

**New Principal Place of Business:**

**Current Mailing Address:**

4234 W 124TH PLACE  
ALSIPI, IL 60803

**New Mailing Address:**

FEI Number: 36-3306570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GROVE, BRAD  
13090 CROSS CREEK CT #203  
FT MYERS, FL 33912 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: P ( ) Delete  
Name: GROVE, BRAD  
Address: 10918 S MCVICKER  
City-St-Zip: CHICAGO RIDGE, IL 60415

Title: V ( ) Delete  
Name: GROVE, DARIN  
Address: 761 DARTMOUTH  
City-St-Zip: NEW LENOX, IL 60451

Title: S ( ) Delete  
Name: GROVE, BRAD  
Address: 10918 S MCVICKER  
City-St-Zip: CHICAGO RIDGE, IL 60415

Title: T ( ) Delete  
Name: GROVE, BRAD  
Address: 10918 S MCVICKER  
City-St-Zip: CHICAGO RIDGE, IL 60415

**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: BRAD GROVE

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date