2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F35956

Entity Name: OKAHUMPKA GROVES, INC.

FILED Apr 30, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

3001 BEARDALL AVE SANFORD, FL 32772 US

Current Mailing Address: New Mailing Address:

P O BOX 670

SANFORD, FL 32772 US

FEI Number: 59-2110559 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:

SCHIRARD, SYDNEY MICHAEL SCHIRARD, SYDNEY M

112 CRYSTAL DRIVE EAST, LOCH ARBOR 112 CRYSTAL VIEW EAST, LOCH ARBOR

SANFORD, FL 32772 US SANFORD, FL 32772 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: SYDNEY M. SCHIRARD 04/30/2004

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: () Change () Addition

 Name:
 SCHIRARD, J. BRANTLEY
 Name:

 Address:
 1108 TRINIDAD AVE
 Address:

 City-St-Zip:
 FT PIERCE, FL
 City-St-Zip:

Name: SCHIRARD, WENDY K. Name: SCHIRARD, WENDY K.

Address: 105 CRYSTAL DRIVE LOCH ARBOR Address: 105 CRYSTAL DRIVE LOCH ARBOR

City-St-Zip: SANFORD, FL City-St-Zip: SANFORD, FL 32773

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

 Name:
 SCHIRARD, S. MICHAEL
 Name:
 SCHIRARD, S. MICHAEL

 Address:
 LOCH ARBOR COURT
 Address:
 112 CRYSTAL VIEW E.

 City-St-Zip:
 SANFORD, FL
 City-St-Zip:
 SANFORD, FL
 32773

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SYDNEY M. SCHIRARD ST 04/30/2004