

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F91005

Entity Name: CRUTCHFIELD GROVES, INC.

FILED
Feb 12, 2009
Secretary of State

Current Principal Place of Business:

% J. THOMAS CRUTCHFIELD
149 EAST CENTER ST.
SEBRING, FL 33870

New Principal Place of Business:

% J. THOMAS CRUTCHFIELD
149 EAST CENTER AVE.
SEBRING, FL 33870

Current Mailing Address:

% J. THOMAS CRUTCHFIELD
149 EAST CENTER ST.
SEBRING, FL 33870

New Mailing Address:

% J. THOMAS CRUTCHFIELD
149 EAST CENTER AVE.
SEBRING, FL 33870

FEI Number: 59-1151073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUTCHFIELD, THOMAS J
149 EAST CENTER AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

CRUTCHFIELD, J. THOMAS
149 EAST CENTER AVE.
SEBRING, FL 33870 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: J. THOMAS CRUTCHFIELD

02/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, CHRISTINE C
Address: 149 E CENTER AVE
City-St-Zip: SEBRING, FL

Title: D () Delete
Name: CAPO, KATHLEEN C
Address: 149 E CENTER AVE
City-St-Zip: SEBRING, FL

Title: PS () Delete
Name: CRUTCHFIELD, JOHN THOMAS
Address: 149 E CENTER AVE
City-St-Zip: SEBRING, FL 33870

Title: VT () Delete
Name: CRUTCHFIELD JR., H. EARL
Address: 149 E CENTER AVE
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PS (X) Change () Addition
Name: CRUTCHFIELD, J. THOMAS
Address: 149 E CENTER AVE
City-St-Zip: SEBRING, FL 33870

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: J. THOMAS CRUTCHFIELD

PS

02/12/2009

Electronic Signature of Signing Officer or Director

Date