



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # G23341 1. Entity Name JUDY GROVE, INC.	
---	---

Principal Place of Business ROGER, JUDY 302 E. MAPLE ST. DAVENPORT, FL 33836 US	Mailing Address JUDY GROVE, INC. PO BOX 1467 DAVENPORT, FL 33836 US
--	--

DO NOT WRITE IN THIS SPACE

	
01252008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2292513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

C. Name and Address of Current Registered Agent

JUDY, ROGER
1905 E PALM ST
DAVENPORT, FL 33836

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U000000847046
 03/19/08-80003-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JUDY, ROGER 302 E MAPLE ST DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDY, LILLIE H 302 E MAPLE ST. DAVENPORT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUDY, FRANK B 202 E. BAY ST. DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with 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 like empowered.

SIGNATURE: *Roger Judy* *Roger Judy* 883-287-3806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #