

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75909

FILED
Feb 26, 2007
Secretary of State

Entity Name: CLONTS GROVES, INC.

Current Principal Place of Business:

2702 LUST RD
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2702 LUST RD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2374194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLONTS, WR JR
619 HIDDEN PINE CT
APOPKA, FL 32712 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: CLONTS, W. REX, JR.,
Address: 619 HIDDEN PINE CT.
City-St-Zip: APOPKA, FL

Title: VD () Delete
Name: CLONTS, C. LEE,
Address: 1249 APACHE DR
City-St-Zip: GENEVA, FL 32732

Title: STD () Delete
Name: CLONTS, BARBARA
Address: 619 HIDDEN PINE COURT
City-St-Zip: APOPKA, FL 32712

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA CLONTS

STD

02/26/2007

Electronic Signature of Signing Officer or Director

Date