



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G76464 1. Entity Name R.E.B. GROVES, INC.						<div style="font-size: 1.2em; font-weight: bold;">FILED</div> <div style="font-size: 0.8em;">2007 APR 19 AM 10:46</div> <div style="font-size: 0.8em; border: 1px solid black; padding: 2px; display: inline-block;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2627 S. JENKINS ROAD FORT PIERCE, FL 34981 US				Mailing Address 2627 S. JENKINS ROAD SUITE 201 FORT PIERCE, FL 34981 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01152007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-2350050				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HURLEY, THOMAS 2627 S. JENKINS ROAD FORT PIERCE, FL 34981				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u><i>Thomas Hurley</i></u> , CEO				DATE <u>4/17/07</u>			
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, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUSSON, JEFFREY L			NAME	200099093652		
STREET ADDRESS	736 36TH AVENUE			STREET ADDRESS	04/27/07--01012--011 **150.00		
CITY-ST-ZIP	VERO BEACH, FL 32968			CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete			TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURLEY, SCOTT R			NAME	HURLEY, R. SCOTT		
STREET ADDRESS	2627 S. JENKINS ROAD			STREET ADDRESS	2627 S. JENKINS ROAD		
CITY-ST-ZIP	FORT PIERCE, FL 34981			CITY-ST-ZIP	FORT PIERCE, FL 34981		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURLEY, BARBARA			NAME			
STREET ADDRESS	501 N SWIM CLUB DRIVE PH-A			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH, FL 32963			CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURLEY, RICHARD E			NAME			
STREET ADDRESS	2627 S JENKINS ROAD			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34981			CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURLEY, THOMAS			NAME			
STREET ADDRESS	2627 S. JENKINS ROAD			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE, FL 34981			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	B 4/24/07			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <u><i>Thomas Hurley</i></u>				Thomas Hurley			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/17/07</u> Daytime Phone # <u>772-595-3100</u>			