

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12289

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: OSCEOLA GROVES, INC.

**Current Principal Place of Business:**

1815 THORNHILL ROAD  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

1815 THORNHILL ROAD  
AUBURNDALE, FL 33823 US

**New Mailing Address:**

FEI Number: 59-2435176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRITTENDEN, ROBERT R ATTY  
103 AVENUE A, N.W.  
WINTER HAVEN, FL 33881 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: STD ( ) Delete  
Name: BARTON, DOLORES C  
Address: 145 WODEN WAY  
City-St-Zip: WINTER HAVEN, FL 33884

Title: PVPD ( ) Delete  
Name: BARTON, C.A.  
Address: 145 WODEN WAY  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DOLORES C BARTON

STD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date