

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34219

Entity Name: MAPLE HILL GROVES, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

14707 TAYLOR RD
SE HILLSBOROUGH CO
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

14707 TAYLOR RD
SE HILLSBOROUGH CO
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-2483822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUMAN, MARY T
14707 TAYLOR RD, SE HILLSBOROUGH
LITHIA, FL 33547 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: SHUMAN, MARY T.,
Address: 14707 TAYLOR RD
City-St-Zip: LITHIA, FL 33547

Title: PD () Delete
Name: SHUMAN, GERRY F
Address: POST OFFICE BOX 700381
City-St-Zip: ST. CLOUD, FL 34770

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SHUMAN, GERRY F
Address: POST OFFICE BOX 700381
City-St-Zip: ST. CLOUD, FL 34770

Title: PD () Change (X) Addition
Name: SHUMAN, DAVID B
Address: 3425 CRESTWOOD STREET
City-St-Zip: LAKE LAND, FL 33813

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: MARY T. SHUMAN

STD

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date