

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90034 002 \*\*\*150.00

**DOCUMENT # H81091**

1. Entity Name  
**SCHUMANN GROVES, INC.**



Principal Place of Business  
**3940 8TH PLACE  
VERO BEACH, FL 32960 US**

Mailing Address  
**3940 8TH PLACE  
VERO BEACH, FL 32960 US**

**DO NOT WRITE IN THIS SPACE**

4001111111



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2628530</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHUMANN, JOHN J.  
3940 8TH PLACE  
VERO BEACH, FL 32960**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	SCHUMANN, KIM
STREET ADDRESS	3940 8TH PLACE
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	PD
NAME	SCHUMANN, JOHN J. III
STREET ADDRESS	3940 8TH PLACE
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	VD
NAME	SCHUMANN, JOHN J JR
STREET ADDRESS	1320 OLDE DOUBLOON DR
CITY - ST - ZIP	VERO BEACH, FL 32960

TITLE	TD
NAME	SCHUMANN, KIM
STREET ADDRESS	3940 8TH PLACE
CITY - ST - ZIP	VERO BEACH, FL 32960

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:** *Kim Schumann* **KIM SCHUMANN (SECRETARY)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/14/08* **772-562-5625**