


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 014 ***150.00

DOCUMENT # K12219
 1. Entity Name
DEYOUNG GROVES, INC.



Principal Place of Business Mailing Address
~~6409 TRACTOR RD.~~ ~~6409 TRACTOR RD.~~
SEBRING, FL 33876-5740 **SEBRING, FL 33876-5740**

40114637



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
732 Western Blvd. **732 Western Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05012007 Chg-P CR2E034 (12/06)

City & State City & State
Lake Placid, FL **Lake Placid, FL**

4. FEI Number Applied For
59-2866451 Not Applicable

Zip Country Zip Country
33852-2322 **USA** **33852-2322** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DEYOUNG, LINDA S
~~6409 TRACTOR RD.~~
~~SEBRING, FL 33876-5740~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
732 Western Blvd.
 City State Zip Code
Lake Placid **FL** **33852-2322**

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

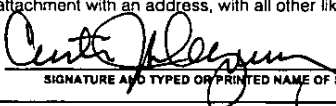
10. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> Delete
NAME	DEYOUNG, CURTIS J.	
STREET ADDRESS	6409 TRACTOR RD.	
CITY-ST-ZIP	SEBRING, FL 338765740	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	DEYOUNG, LINDA S	
STREET ADDRESS	6409 TRACTOR RD.	
CITY-ST-ZIP	SEBRING, FL 338765740	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEYOUNG, STEPHEN G	
STREET ADDRESS	48 COPPER RIDGE AVENUE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	732 Western Blvd.	
CITY-ST-ZIP	Lake Placid, FL 33852-2322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	732 Western Blvd.	
CITY-ST-ZIP	Lake Placid, FL 33852-2322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **Curtis J. DeYoung, Vice Pres.** 4-30-07 (863) 386-0330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #