

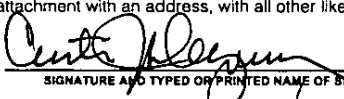


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 6409 TRACTOR RD. SEBRING, FL 33876-5740			Mailing Address 6409 TRACTOR RD. SEBRING, FL 33876-5740																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 732 Western Blvd. Suite, Apt. #, etc.		3. Mailing Address 732 Western Blvd. Suite, Apt. #, etc.		40114637 																																																																																																																																																							
City & State Lake Placid, FL		City & State Lake Placid, FL		4. FEI Number 59-2866451																																																																																																																																																							
Zip 33852-2322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 Lake Placid FL Zip Code 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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DVT DEYOUNG, CURTIS J.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">732 Western Blvd.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DEYOUNG, CURTIS J.</td> <td></td> <td>NAME</td> <td>732 Western Blvd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6409 TRACTOR RD.</td> <td></td> <td>STREET ADDRESS</td> <td>Lake Placid, FL 33852-2322</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33876-5740</td> <td></td> <td>CITY-ST-ZIP</td> <td>Lake Placid, FL 33852-2322</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DPS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DEYOUNG, LINDA S</td> <td></td> <td>NAME</td> <td>732 Western Blvd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6409 TRACTOR RD.</td> <td></td> <td>STREET ADDRESS</td> <td>Lake Placid, FL 33852-2322</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBRING, FL 33876-5740</td> <td></td> <td>CITY-ST-ZIP</td> <td>Lake Placid, FL 33852-2322</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DEYOUNG, STEPHEN G</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>48 COPPER RIDGE AVENUE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE PLACID, FL 33852</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DVT DEYOUNG, CURTIS J.	<input type="checkbox"/> Delete	TITLE	732 Western Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DEYOUNG, CURTIS J.		NAME	732 Western Blvd.		STREET ADDRESS	6409 TRACTOR RD.		STREET ADDRESS	Lake Placid, FL 33852-2322		CITY-ST-ZIP	SEBRING, FL 33876-5740		CITY-ST-ZIP	Lake Placid, FL 33852-2322		TITLE	DPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DEYOUNG, LINDA S		NAME	732 Western Blvd.		STREET ADDRESS	6409 TRACTOR RD.		STREET ADDRESS	Lake Placid, FL 33852-2322		CITY-ST-ZIP	SEBRING, FL 33876-5740		CITY-ST-ZIP	Lake Placid, FL 33852-2322		TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DEYOUNG, STEPHEN G		NAME			STREET ADDRESS	48 COPPER RIDGE AVENUE		STREET ADDRESS			CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	DVT DEYOUNG, CURTIS J.	<input type="checkbox"/> Delete	TITLE	732 Western Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	DEYOUNG, CURTIS J.		NAME	732 Western Blvd.																																																																																																																																																							
STREET ADDRESS	6409 TRACTOR RD.		STREET ADDRESS	Lake Placid, FL 33852-2322																																																																																																																																																							
CITY-ST-ZIP	SEBRING, FL 33876-5740		CITY-ST-ZIP	Lake Placid, FL 33852-2322																																																																																																																																																							
TITLE	DPS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	DEYOUNG, LINDA S		NAME	732 Western Blvd.																																																																																																																																																							
STREET ADDRESS	6409 TRACTOR RD.		STREET ADDRESS	Lake Placid, FL 33852-2322																																																																																																																																																							
CITY-ST-ZIP	SEBRING, FL 33876-5740		CITY-ST-ZIP	Lake Placid, FL 33852-2322																																																																																																																																																							
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	DEYOUNG, STEPHEN G		NAME																																																																																																																																																								
STREET ADDRESS	48 COPPER RIDGE AVENUE		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME			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:  Curtis J. DeYoung, Vice Pres. 4-30-07 (863) 386-0330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											