2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# K15777

Entity Name: SIMMONS FAMILY GROVE, INC.

Current Principal Place of Business:

4420 NW 14TH PL
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4420 NW 14TH PL
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-2921219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, STEPHANIE W
4420 NW 14TH PL
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

WEST, STEPHANIE S
4420 NW 14TH PL
GAINESVILLE, FL 32605 US

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: STEPHANIE SIMMONS WEST 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: PALMER, SIMMON
Address: 3410 MILLER AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: P ( ) Delete
Name: SIMMONS, WAYNE
Address: 1600 HWY 29 S
City-St-Zip: LABELLE, FL 33935

Title: TS ( ) Delete
Name: SIMMONS, STEPHANIE W
Address: 4420 NW 14TH PL
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: SIMMONS, WAYNE H
Address: 1600 HWY 29 S
City-St-Zip: LABELLE, FL 33935

Title: TS (X) Change ( ) Addition
Name: WEST, STEPHANIE S
Address: 4420 NW 14TH PL
City-St-Zip: GAINESVILLE, FL 32605

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: STEPHANIE SIMMONS WEST TS 04/22/2009
Electronic Signature of Signing Officer or Director Date