2007 FOR PROFIT CORPORATION

SIGNATURE:

Feb 28, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # K48971** 02-28-2007 90011 045 ***150.00 1. Entity Name F & O GROVE, INC. Principal Place of Business Mailing Address 7000000V 750 W LUMSDEN RD 750 W LUMSDEN RD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) Chq-P Applied For City & State City & State 4. FEI Number 59-2931762 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURRY, CLIFTON C., JR. Street Address (P.O. Box Number is Not Acceptable) 750 W. LUMSDEN ROAD BRANDON, FL 33511 City Zip Code ۴I 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE COOK, O'MERA M. NAME NAME 712 COULTER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL CITY-ST-ZIP DVO TITLE Delete TITLE ☐ Change Addition COOK, JEFFERY B NAME NAME STREET ADDRESS 712 COULTER PLACE STREET ADDRESS CITY-ST-ZIP BRANDON, FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition CORSO, MELISSA C. NAME NAME STREET ADDRESS 712 COULTER PLACE STREET ADDRESS BRANDON, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change COOK, FERRIS G. JR. STREET ADDRESS 712 COULTER PLACE STREET ADDRESS CITY-ST-ZIP BRANDON, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE 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.

FILED

Daytime Phone #