2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L70943

1. Entity Name
ELLIS GROVES, INC.

Principal Place of Business	Mailing Address
% JOHN NEIL ELLIS 3306 E. SWINDELL ROAD PLANT CITY, FL 33565	% JOHN NEIL ELLIS 3306 E. SWINDELL ROAD PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

03152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3009302	Not Applicable

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

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6. Name and Address of Current Registered Agent

ELLIS, JOHN N.
3306 E. SWINDELL RD
PLANT CITY, FL 33566

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, 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	D
NAME	ELLIS, JOHN N.
STREET ADDRESS	3306 E. SWINDELL RD
CITY-ST-ZIP	PLANT CITY, FL

U00000694103
04/17/07-80005-002 150.00

TITLE	
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CITY-ST-ZIP	

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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: _____ John Neil Ellis   April 2, 2007   813-752-9637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #