2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P00000002616

Entity Name: GROVE & HOME IRRIGATION SERVICE, INC.

Current Principal Place of Business:

61920 BRONCO CT. SW
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

PO BOX 715
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-0971723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IMHOFF, NANY V
234 CLAY STREET
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

IMHOFF, NANCY V
61290 BRONCO COURT SW
LABELLE, FL 33935 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: NANCY V IMHOFF 01/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: IMHOFF, DAVID A
Address: P.O. BOX 715
City-St-Zip: LABELLE, FL 33935

Title: ST ( ) Delete
Name: IMHOFF, NANCY V
Address: P.O. BOX 715
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NANCY V IMHOFF ST 01/07/2009
Electronic Signature of Signing Officer or Director Date