2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 30, 2008 08:00 AN Secretary of State

DOCUMENT # P01000089345 1. Entity Name NEUKOM GROVES INC. Mailing Additions S405 GALL BLVD ZEPHRORILLS, FL 33542 DO NOT WRITE IN THIS SPACE DOLLING B No Chop P CR26034 (1105) A FE Number S9-3745210 S. Confidence of Statuta Desired A FE Number S9-3745210 S. Confidence of Statuta Desired A FE Number S9-3745210 S. Confidence of Statuta Desired A FE Number S9-3745210 S. Confidence of Statuta Desired A Statuta Desired B S9-3746210 S. Confidence of Statuta Desired B S9-3746210 S9-37		711111711			-		Sacrat	arvat St
September 1.5 Page 1 33542 DO NOT WRITE IN THIS SPACE O4212008 No ChgP CR2E034 (11/05) 4. FEI Number 59-3745210 New Applied For 59-3745210 S. Centricate of Status Debind 6. Name and Address of Current Registered Agent NEUKOM, GEORGE III SAUGO ALBLYD ZEPHYRHILLS, FL 33542 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Signare openior or registered agent or the purpose of changing its registered office or registered agent, or both, in the State of Piorida. I am familiar with, and accent the collegations or registered agent are stated agent and the factoria. Signary 1. 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 THE NAME SIRET AVORDS OFFICIERS AND DIRECTORS DO NOT WRITE IN THIS SPACE Signary 2008 Fee will be \$550.00 Thus Fund Contribution DEDUCION, GEORGE AII NEUROM, GEOR	1. Entity Name				•	,		ai y 01 51
DO NOT WRITE IN THIS SPACE A FEI Number Sp3-3745210	Principal Plac	ce of Business	Mailing Address		1			
DO NOT WRITE IN THIS SPACE 4. FEI Number 159-3745210 8. Name and Address of Current Registered Agent. NEUROM, GEORGE III SAVING GEORGE GEOR	5409 GALL	BLVD	5409 GALL BLVD		1			
DO NOT WRITE IN THIS SPACE A. FEI Number S9-3745210 No. Cop-P CR2634 (11/05)								
DO NOT WRITE IN THIS SPACE A. FEI Number S9-3745210 No. Cop-P CR2634 (11/05)					1 18891881 11	I BRIDI 1600 BRID ARIA BRILL		2)11: 0 (91) (88)
DO NOT WRITE IN THIS SPACE A. FEI Number S9-3745210 No. Cop-P CR2634 (11/05)				<u></u>				
A FEI Number 59-3745210 Status Desired Status Desir] I (OOKAAL II	FALLIAN KANTALON BUKK ULKU	LALIAN KANTA H erap (XIII	OLE DI GIILLOL II IAALI
A FEI Number 59-3745210 Status Desired Status Desir	··,				070700 (44/07)			
Se. Name and Address of Current Registered Agent NEUKOM, GEORGE III SA09 GALL BLVD ZEPHYRHILLS, FL. 33542 B. Nucabove Rithmenome suggestioned personal for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TILE NEW NEW SIREST MORESS CITY-ST-2P TILE NAME SIREST MORESS CITY-ST-2P	DO NOT WRITE IN THIS SPACE				04212008	No Chg-P	CR2E034 (1	1/05)
Se. Name and Address of Current Registered Agent NEUKOM, GEORGE III SA09 GALL BLVD ZEPHYRHILLS, FL. 33542 B. Nucabove Rithmenome suggestioned personal for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TILE NEW NEW SIREST MORESS CITY-ST-2P TILE NAME SIREST MORESS CITY-ST-2P					4. FEI Numb	er		Applied For
RELIXON, GEORGE III SA09 GALL BLVD ZEPHYRHILLS, FL 33542 B. Nuc above nitmer-entry settling was statistically as a statistical property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registering agent of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registering agent in the obligations of registering agent in the state of Florida. I am familiar with, and according to the obligations of registering agent in the state of Florida. I am familiar with, and according to the obligations of registering agent interved agent. Or both, in the State of Florida. I am familiar with, and according agent agent agent agent interved agent interved agent interved agent. Or both, in the State of Florida. I am familiar with, and according agent agen				•			1	Not Applicable
RELIXON, GEORGE III SA09 GALL BLVD ZEPHYRHILLS, FL 33542 B. Nuc above nitmer-entry settling was statistically as a statistical property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registering agent of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registering agent in the obligations of registering agent in the state of Florida. I am familiar with, and according to the obligations of registering agent in the state of Florida. I am familiar with, and according to the obligations of registering agent interved agent. Or both, in the State of Florida. I am familiar with, and according agent agent agent agent interved agent interved agent interved agent. Or both, in the State of Florida. I am familiar with, and according agent agen					F. Cortificate	of Chatus Desired	\$8.7	5 Additional
DO NOT WRITE SADO GALL BLVD ZEPHYRHILLS, FL 33542 DO NOT WRITE IN THIS SPACE				••	5. Certificate	UI Status Desired		
IN THIS SPACE 8. Eachbore of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with a state of F		6. Name and Address of Current R	egistered Agent				,	Helk .
IN THIS SPACE 8. Eachbore of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with a state of F		· · · · · · · · · · · · · · · · · · ·	•					•
IN THIS SPACE 8. Eachbore of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered office or registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with, and accelerate obligations of Florida. I am familiar with a state of F				1	DO	NOT W	RITE	
8. Vac above nitrore owny strong with a 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 Synature inped or prised name of registered agent and leaf respicable. (NOTE, Registered Agent signature required when enhaltent) PILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution Added to Fees USOU009383359 10. OFFICERS AND DIRECTORS INTEL MAKE SIREST ADDRESS CITY-ST-2P INTEL NAME SIREST								
8. Suc above name only segminal the 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 FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution State of Florida Registered Agent signature required when relimitating) 10. OFFICERS AND DIRECTORS 11ILE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-	ZEPNIK	11LLO, FL 00042			IN T	THIS SPA	ACE	,
THE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS DIRECTORSS SITERIT ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	/	1						
TILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TILE NOW, GEORGE A III STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	· /							•
TILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TILE NOW, GEORGE A III STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	8. She above	a named entity submits this statement for I	he purpose of changing its registe	red office or register	red agent, or bo	th, in the State of Flori	da. I am familia	r with, and accept
SIGNATURE Sequelure hyper or printed range of regulated agent and title of applicative. (NOTE, Regulated Agent signature required when initiating) FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. NEUKOM, GEORGE A III STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	the obliga	tions of registered agent.					_	
SIGNATURE Suprature (hyped or printed name of legislated agent and title of applicative. (MOTE, Reported Agent signature required when initiating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. NEUKOM, GEORGE A III STREET ADDRESS CITY-ST-2IP 11. E STREET ADDRESS CITY-ST-2IP 11. E III. E NAME STREET ADDRESS CITY-ST-2IP 11. E			•			(loul)	यप व	UUS
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution OFFICERS AND DIRECTORS III.	SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE, Register	ed Agent signature required	d when reinstating)	<u> </u>		
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees U00000938359 10. OFFICERS AND DIRECTORS U111LE NAME NEUKOM, GEORGE A III STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P			1				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOWILL FEE 19 \$ 190.00					U0000	0938359	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	10.	OFFICERS AND D	IRECTORS) 05/27/0 :	3-800 87- ()19 158.75
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1				
CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Į.	NEUKOM, GEORGE A III		1				• •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	8341 FORT KING ROAD		1				•
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY- ST-ZIP	CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		1				48,
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE IN THIS SPACE IN THIS SPACE TITLE NAME STREET ADDRESS CITY- ST-ZIP	TITLE			-		. ,		, ''
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	l							
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE TITLE NAME STREET ADDRESS CITY- ST- ZIP	STREET ADDRESS						•	,
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			1		•	•	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	1		1 .	,		N 20 1	Der .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	1			DC	NOT M	DITE	• •
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	(_		טע	MOL AAI		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				IN "	THIC CD	ACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				114	THIS SE	₩_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					•	•	•
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	}		i .			. ,	, *** *
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			1.				, ps
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			1			• •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			•		•	; •	• • • •
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				•		•	
NAME STREET ADDRESS CITY-ST-ZIP	TITLE			7		•	,	,
CITY-ST-ZIP	ł						•	4
	STREET ADDRESS			1		•	•	
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 directo of the corporation or the receiver or trusters emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on a natischment without address, with all other like approved.	CITY-ST-ZIP					•		
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 directo of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607 on an attachment withan audress, with all other like amoviered.	12. Thereby	certify that the information supplied with t	his filling does not qualify for the ex	xemptions contained	d in Chapter 11	9. Florida Statutes. Life	urther certify the	t the information
of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment withan a dress, with all other like empowered.	indicated	d on this report or supplemental report is t	rue and accurate and that my sign	ature shall have the	same legal effe	ct as if made under oa	ith; that I am an	officer or director
The state of the s	of the co	rporation or the receiver or truster empoy f, or on an attachment with an artifress, wi	vered to execute this report as requite all other like empowered.	ured by Chapter 601	/, Florida Statute	es; and that my name	appears in Bloc	K IU OF Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR