2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002037

City-St-Zip: LAKE ALFRED, FL 33850

Entity Name: RATTLESNAKE GROVE, INC.

FILED Jan 27, 2009 Secretary of State

Entity Name: RATTLESNAKE GROVE, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5900 HWY LAKE ALFI	17-92 RED, FL 3385	50			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX [*] LAKE ALFI	1302 RED, FL 3385	50			
FEI Number:	57-1145114	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WRIGHT, STEVE R 154 AVE H SE SUITE 1 WINTER HAVEN, FL 33880 US				LYBARGER, BRUCE J 226 S RIDGEWOOD DR SEBRING, FL 33870-333 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BRUCE J LYBARGER				01/27/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MILLER, LYNN 5900 HWY 17- LAKE ALFRED	92	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ST (MILLER, CARC 5900 HWY 17- LAKE ALFRED	92	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	V () BROZIO, DEBO 5900 HWY 17-		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: CAROLYN L MILLER ST 01/27/2009