

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156028

Entity Name: DOUBLE K GROVES, INC.

FILED
Feb 29, 2008
Secretary of State

Current Principal Place of Business:

1996 TOURNAMENT DR.
APOPKA, FL 32712

New Principal Place of Business:

5325 SUMMERLIN RD.
PORT ST. LUCIE, FL 34987

Current Mailing Address:

1996 TOURNAMENT DR.
APOPKA, FL 32712

New Mailing Address:

5325 SUMMERLIN RD.
PORT ST. LUCIE, FL 34987

FEI Number: 30-0226124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLURE, JOHN PETER
5325 SUMMERLIN RD.
PORT ST. LUCIE, FL 34987 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MCCLURE, JOHN PETER
Address: 5325 SUMMERLIN RD.
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VP/T () Delete
Name: MCCLURE, NANCY B
Address: 1996 TOURNAMENT DR.
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: POSEY, PATRICIA A
Address: 1996 TOURNAMENT DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN PETER MCCLURE

P/D

02/29/2008

Electronic Signature of Signing Officer or Director

Date