## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

	ANNUAL	REPO	DRT	
DOCUMENT #	P05000035	786		

1. Entity Name
THE GROVES OF PEACE RIVER INC.



Principal Place of Business

Mailing Address

4757 SWEETWATER ROAD ZOLFO SPRINGS, FL 33890

POB 1264 WAUCHULA, FL 33873



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For	
20-2462644	Not Applicabl	
5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	

4-30-07 863767-0881

6. Name and Address of Current Registered Agent

BAILEY, CARLOS N 4757 SWEETWATER ROAD ZOLFO SPRINGS, FL 33890

## DO NOT WRITE IN THIS SPACE

No Chg-P

04202007

				•	,		
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).							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	i				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, CARLOS N 2795 CR 94 FYFFE, AL 35971						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, BRENDA C 2795 CR 94 FYFFE, AL 35971			· .	U00000759025 05/24/07-80026-003 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
12. I hereby certify that the information supplied with this filling 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.							