

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90051 006 ***150.00



DOCUMENT # P05000053173
 1. Entity Name
 RONALD L. WILLIAMS GROVE CARE, INC.

| | |
|---|---|
| Principal Place of Business 3415 PENNSYLVANIA AVE MIMS FL 32754 | Mailing Address 3415 PENNSYLVANIA AVE MIMS FL 32754 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 4495 DIXIE WAY Suite, Apt. #, etc. | 3. Mailing Address 4495 DIXIE WAY Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E034 (10/06)

| | | | |
|-------------------------------|-------------------------------|-----------------------------|-------------------------------|
| City & State MIMS, FLORIDA | City & State MIMS, FLORIDA | 4. FEI Number 20-2659744 | Applied For Not Applicable |
| Zip 32754 | Country U.S.A. | Zip 32754 | Country U.S.A. |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

WILLIAMS, RONALD L
 3415 PENNSYLVANIA AVE
 MIMS FL 32754

7. Name and Address of New Registered Agent

Name
 RONALD L. WILLIAMS
 Street Address (P.O. Box Number is Not Acceptable)
 4495 DIXIE WAY

City
 MIMS

FL Zip Code
 32754

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: *Ronald L. Williams* DATE: 1/29/07
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMS, RONALD L 3415 PENNSYLVANIA AVE MIMS FL 32754 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMS, RONALD L. 4495 DIXIE WAY MIMS, FL 32754 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Ronald L. Williams* DATE: 1/29/07 DAYTIME PHONE: 321-269-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR