

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018781

FILED
Mar 22, 2007
Secretary of State

Entity Name: GROVELAND, INC.

Current Principal Place of Business:

390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801

New Principal Place of Business:

390 NORTH ORANGE AVE.
SUITE 1400
ORLANDO, FL 32801

Current Mailing Address:

390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801

New Mailing Address:

390 NORTH ORANGE AVE.
SUITE 1400
ORLANDO, FL 32801

FEI Number: 59-3229769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SVCS OF CNTRL FLORIDA, INC
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

B&C CORPORATE SVCS OF CNTRL FLORIDA, INC
390 NORTH ORANGE AVE.
SUITE 1400
ORLANDO, FL 32801 US

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: _____

03/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, II, C. DAVID
Address: 390 N ORANGE AVE, STE 1100
City-St-Zip: ORLANDO, FL 32801

Title: DV () Delete
Name: COLLINS, HOLLY
Address: 390 N ORANGE AVE, STE 1100
City-St-Zip: ORLANDO, FL 32801

Title: ST () Delete
Name: BOWMAN, NANCY H
Address: 390 N ORANGE AVE, STE 1100
City-St-Zip: ORLANDO, FL 32801

Title: V (X) Delete
Name: ALLIGOOD, RANDAL M.
Address: 390 N. ORANGE AVE., #1100
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, II, C. DAVID
Address: 390 N ORANGE AVE, STE 1400
City-St-Zip: ORLANDO, FL 32801

Title: DV (X) Change () Addition
Name: COLLINS, HOLLY
Address: 390 N ORANGE AVE, STE 1400
City-St-Zip: ORLANDO, FL 32801

Title: ST (X) Change () Addition
Name: BOWMAN, NANCY H
Address: 390 N ORANGE AVE, STE 1400
City-St-Zip: ORLANDO, FL 32801

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

I hereby certify that the information supplied with this filing does not qualify for the 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: C. DAVID BROWN, II

P

03/22/2007

Electronic Signature of Signing Officer or Director

Date