

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093431

FILED
Apr 28, 2008
Secretary of State

Entity Name: GROVE NURSERIES, INC.

Current Principal Place of Business:

5235 PRINCETON WAY
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

5235 PRINCETON WAY
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 65-0626781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUDER, MICHAEL S
5235 PRINCETON WAY
BOCA RATON, FL 33496 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: PSTD () Delete
Name: PUDER, MICHAEL S
Address: 5235 PRINCETON WAY
City-St-Zip: BOCA RATON, FL 33496

Title: VP () Delete
Name: HILL, KIMBERLY
Address: 3860 MAX PLACE, #105
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL PUDER

PSTD

04/28/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date