2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093847

Entity Name: LMT GROVES, INC.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2800 N. PONCE DE LEON BLVD. 525 TIFFANY TER

ST. AUGUSTINE, FL 32084 US LAKELAND, FL 33813 US

Current Mailing Address: New Mailing Address:

525 TIFFANY TERR. 525 TIFFANY TER

LAKELAND, FL 338131116 US LAKELAND, FL 33813 US

FEI Number: 59-3546042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LASSITER, CHARLES M TESTON, ROBERT W 2800 N. PONCE DE LEON BLVD. 525 TIFFANY TER

ST. AUGUSTINE, FL 32084 US LAKELAND, FL 33813 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: ROBERT W TESTON 04/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 TESTON, ROBERT W
 Name:
 TESTON, ROBERT W

 Address:
 525 TIFFFANY TER
 Address:
 525 TIFFFANY TER

 City-St-Zip:
 LAKELAND, FL 338131116
 City-St-Zip:
 LAKELAND, FL 33813 US

Title: VD () Delete Title: () Change () Addition

 Name:
 MAGUIRE, CRAIG A
 Name:

 Address:
 1544 SAN RAFAEL WAY
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32084
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

Name: LASSITER, CHARLES M Name: LASSITER, CHARLES M Address: 2800 N. PONCE DE LEON BLVD. Address: 320 REDWING LN

City-St-Zip: ST. AUGUSTINE, FL 32084 City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: ROBERT W TESTON PRES 04/03/2009