


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000050927</b> 1. Entity Name <b>RAY-BOB GROVES, INC.</b>	
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Principal Place of Business <b>5151 SOUTH LAKELAND DRIVE SUITE ELEVEN LAKELAND, FL 33813</b>	Mailing Address <b>5151 SOUTH LAKELAND DRIVE SUITE ELEVEN LAKELAND, FL 33813</b>
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01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3583140</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**STALLINGS, ROBERT H  
5151 SOUTH LAKELAND DRIVE  
SUITE ELEVEN  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STALLINGS, ROBERT H
STREET ADDRESS	POST OFFICE BOX 6100 N/A
CITY-ST-ZIP	LAKELAND, FL 33807

TITLE	D
NAME	STALLINGS, GERALD RAY
STREET ADDRESS	POST OFFICE BOX 6100 N/A
CITY-ST-ZIP	LAKELAND, FL 33807

TITLE	D
NAME	STALLINGS, LAVERN H
STREET ADDRESS	POST OFFICE BOX 6100 N/A
CITY-ST-ZIP	LAKELAND, FL 33807

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 863-647-9401  
Date Daytime Phone #

000000802213  
02/01/08-80051-002 150.00

**DO NOT WRITE  
IN THIS SPACE**