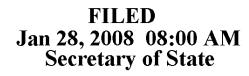
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050927 1. Entity Name RAY-BOB GROVES, INC. Principal Place of Business Mailing Address





5151 SOUTH LAKELAND DRIVE SUITE ELEVEN LAKELAND, FL 33813

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CR2E034 (11/05)

863-647-940

nn	NOT	WRITE	IN	THIS	SPACE	
		DALCHE	410			

4. FEI Number	 Applied For	
59-3583140	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional	

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

DO NOT WRITE IN THIS SPACE

No Chg-P

01212008

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, ROBERT H POST OFFICE BOX 6100 N/A LAKELAND, FL 33807	000000802213 02/01/08-80051-002 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, GERALD RAY POST OFFICE BOX 6100 N/A LAKELAND, FL 33807							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, LAVERN H POST OFFICE BOX 6100 N/A LAKELAND, FL 33807	DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZLP		IN THIS SPACE						
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME "STREET ADDRESS"								
CITY-SI-ZIP	The Programme of the programme in the control of the	The Market in Tare						
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								