

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000067088**

1. Entity Name  
**DEREUS GROVES, INC.**



Principal Place of Business

**510 N. FLORIDA AVE.  
LAKELAND, FL 33801**

Mailing Address

**510 N. FLORIDA AVE.  
LAKELAND, FL 33801**

**DO NOT WRITE IN THIS SPACE**



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3597183**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEREUS, MARJORIE A  
2050 ARIANA BLVD.  
AUBURNDAL, FL 33823**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000951592  
06/04/08-80042-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEREUS, FORREST E
STREET ADDRESS	2050 ARIANA BLVD.
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	VP
NAME	DEREUS, MARK T
STREET ADDRESS	1548 ARINNA BLVD
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	T
NAME	DEREUS, MARJORIE A
STREET ADDRESS	2050 ARIANA BLVD.
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	SD
NAME	LALONDE, SHARRON D
STREET ADDRESS	2182 ARIANA BLVD.
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Forrest E. DePere*

5/14/08

863-688-8893  
863-967-5146