2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S19328

1. Entity Name
KENNETH DEVANE GROVES, INC.

Principal Place of Business	Mailing Address
912 NE 9TH STREET	912 NE 9TH STREET
FT. MEADE, FL 33841	FT. MEADE, FL 33841

DO NOT WRITE IN THIS SPACE

02222007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3051246	Not Applicable

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

6. Name and Address of Current Registered Agent

DEVANE, SANDRA L.
912 NE 9TH STREET
FT. MEADE, FL 33841

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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 $150.00
After May 1, 2007 Fee will be $550.00

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

U000000675694
03/30/07-80030-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEVANE, SANDRA L.
STREET ADDRESS	912 NE 9TH STREET
CITY-ST-ZIP	FT. MEADE, FL
TITLE	PD
NAME	DEVANE, KENNETH
STREET ADDRESS	912 N.E. 9TH STREET
CITY-ST-ZIP	FT. MEADE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _Floyd K. Devane Jr_   3/19/07   863 285 9503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #