


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 125845
1. Entity Name
CLERMONT GROVES, INC.



Principal Place of Business: 13100 W COPLONIAL DR. WINTER GARDEN, FL 34787 US
Mailing Address: PO BOX 770338 WINTER GARDEN, FL 34777-0338 US

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-0623328 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCPHERSON, REX V
11340 LAKE BUTLER BLVD
WINDERMERE, FL 34786

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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: _____ 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, 2005 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	LAMBERT, LAURA D
STREET ADDRESS	2696 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL
TITLE	PD
NAME	MCPHERSON, REX V
STREET ADDRESS	11340 LAKE BUTLER BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	GERBER, KEENE M
STREET ADDRESS	74 HICKORY DRIVE
CITY-ST-ZIP	HIGHLANDS, NC 28741
TITLE	VD
NAME	MCPHERSON, JOHN R
STREET ADDRESS	1110 W IVANHOE BLVD 15
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	RIFFLE, THOMAS R
STREET ADDRESS	520 N ORLANDO AVENUE, #14
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80056-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Thomas R. Riffle 04/08/05 (407) 656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #