


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 042 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0623328	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCPHERSON, REX V 11340 LAKE BUTLER BLVD WINDERMERE, FL 34786				Name MCPHERSON, REX V	
				Street Address (P.O. Box Number is Not Acceptable) 100 S EOLA DR #710	
				City ORLANDO	
				FL	
				Zip Code 32801	
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 			Rex V. McPherson, II, President		04/10/07
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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBERT, LAURA D		NAME		
STREET ADDRESS	2696 SW GREENWICH WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCPHERSON, REX V		NAME	MCPHERSON, REX V	
STREET ADDRESS	11340 LAKE BUTLER BLVD		STREET ADDRESS	100 S EOLA DR #710	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBER, KEENE M		NAME		
STREET ADDRESS	74 HICKORY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HIGHLANDS, NC 28741		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, JOHN R		NAME		
STREET ADDRESS	1110 W IVANHOE BLVD 15		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIFLE, THOMAS R		NAME		
STREET ADDRESS	10 NORTH SUMMERLIN AVENUE SUITE 54		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 a address, with all other like empowered.					
SIGNATURE: 			Rex V. McPherson, II		04/10/07 (407) 656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #