2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 520944

City-St-Zip:

LAKE WALES, FL

Entity Name: RACKLEY GROVES INC

FILED Jul 12, 2007 Secretary of State

Littly Nai	IIIE. KACKLE	T GROVES, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
305 S. WETMORE P O BOX 432 LAKE WALES, FL 338590432			305 S. WETMORE LAKE WALES, FL 3385	305 S. WETMORE LAKE WALES, FL 338590432	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
305 S. WETMORE P O BOX 432 LAKE WALES, FL 338590432			305 S. WETMORE P O BOX 432 LAKE WALES, FL 338590432 US		
FEI Number:	: 59-1708372	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HIGGINS, 305 S. WE LAKE WAI		3 US			
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (HIGGINS, HEL 305 S. WETMO LAKE WALES,	DRE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	ST (SHRIVER, BEC 305 S. WETMO LAKE WALES,	DRE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	VP (BROWNING, L 305 S. WETMO	•	Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HELEN R. HIGGINS P 07/12/2007