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May 27, 2004 8:00 am
Secretary of State


02-03-2004 90011 036 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66424442



01212004 Chg-P CR2E034(10/03)

DOCUMENT# 289210			
1. Entity Name B&EGROVESINC			
Principal Place of Business 1626 W. BERESFORD AVE. DELAND, FL 32721		Mailing Address P.O. BOX 3277 DELAND, FL 32721	
2. Principal Place of Business 1626 W. Beresford Ave. Suite, Apt. #, etc.		3. Mailing Address P. O. Box 3277 Suite, Apt. #, etc.	
City & State Deland, FL		City & State Deland, FL	
Zip 32720		Country USA	
4. FEI Number 59-1089572		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRILLANTE, MARILYNM 1626 W. BERESFORD AVE. DELAND, FL 32721		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when first listing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD BRILLANTE, MARILYNM 1626 W. BERESFORD AVE. DELAND, FL 32721 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Karen Brillante <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1626 W. Beresford Ave. Pres. Deland, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV EIDSON, ROSET 800 WEUCLID DELAND, FL 32721 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EIDSON, JESSEH 800 WEUCLID DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paula Hodges 1029 Lake Davis Drive Orlando, FL 32806 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Karen Brillante, Inc.</u>		Date: <u>5/28/04</u> 386-734-3620	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone#</small>	