


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 289210

1. Entity Name
B & E GROVES INC



Principal Place of Business _____ Mailing Address _____
1626 W. BERESFORD AVE. P.O. BOX 3277
DELAND, FL 32720 DELAND, FL 32721



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1089572** Applied For _____
 Not Applicable _____

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

6. Name and Address of Current Registered Agent

BRILLANTE, MARILYN M
1626 W. BERESFORD AVE.
DELAND, FL 32721

DO NOT WRITE IN THIS SPACE

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 re-stating)

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**

000000218747
 02/07/05-80077-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRILLANTE, KAREN
STREET ADDRESS	1626 W. BERESFORD AVE.
CITY-ST-ZIP	DELAND, FL 32720
TITLE	DV
NAME	EIDSON, ROSE T
STREET ADDRESS	800 W EUCLID
CITY-ST-ZIP	DELAND, FL 32721
TITLE	TD
NAME	EIDSON, JESSE H
STREET ADDRESS	800 W EUCLID
CITY-ST-ZIP	DELAND, FL 32720
TITLE	BOD
NAME	HODGES, PAULA
STREET ADDRESS	1029 LAKE DAVIS DR
CITY-ST-ZIP	ORLANDO, FL 32806
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 exemption stated in Section 119.07(3)(f), 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: Karen Brillante Pres Date: 2/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-734-3620
 92 734-3832