


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 012 ***150.00

DOCUMENT # 289210

1. Entity Name
B & E GROVES INC



Principal Place of Business
**1626 W. BERESFORD AVE.
 DELAND, FL 32720**

Mailing Address
**P.O. BOX 3277
 DELAND, FL 32721**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40013610



02072006 Chg-P CR2E034 (11/05)

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		7. Name and Address of New Registered Agent	
BRILLANTE, MARILYN M 1626 W. BERESFORD AVE. DELAND, FL 32721		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 _____ 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete BRILLANTE, KAREN 1626 W. BERESFORD AVE. DELAND, FL 32720	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karen Brillante Polk (new married name)
NAME BRILLANTE, KAREN		NAME	
STREET ADDRESS 1626 W. BERESFORD AVE.		STREET ADDRESS	
CITY-ST-ZIP DELAND, FL 32720		CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> Delete EIDSON, ROSE T 800 W EUCLID DELAND, FL 32721	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EIDSON, ROSE T		NAME	
STREET ADDRESS 800 W EUCLID		STREET ADDRESS	
CITY-ST-ZIP DELAND, FL 32721		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete EIDSON, JESSE H 800 W EUCLID DELAND, FL 32720	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EIDSON, JESSE H		NAME	
STREET ADDRESS 800 W EUCLID		STREET ADDRESS	
CITY-ST-ZIP DELAND, FL 32720		CITY-ST-ZIP	
TITLE BOD	<input type="checkbox"/> Delete HODGES, PAULA 1029 LAKE DAVIS DR ORLANDO, FL 32806	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HODGES, PAULA		NAME	
STREET ADDRESS 1029 LAKE DAVIS DR		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32806		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	
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 an address, with all other like empowered.

SIGNATURE: *Karen Brillante Polk* **2/8/06** **804-7398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #