


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90028 020 \*\*\*150.00

<b>DOCUMENT # 289210</b>	
1. Entity Name <b>B &amp; E GROVES INC</b>	

Principal Place of Business <b>1626 W. BERESFORD AVE. DELAND, FL 32720</b>	Mailing Address <b>P.O. BOX 3277 DELAND, FL 32721</b>
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**DO NOT WRITE IN THIS SPACE**

40022157



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1089572</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRILLANTE-POLK, KAREN <b>1626 W. BERESFORD AVE P.O. Box 3277</b> DELAND, FL <del>32720</del> <b>32721</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EIDSON, ROSE T 800 W EUCLID DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EIDSON, JESSE H 800 W EUCLID DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD HODGES, PAULA 1029 LAKE DAVIS DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, President* **2/10/07** **804-7398**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #