


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02052008 No 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

**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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

000000912708
 05/07/08-80091-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRILLANTE-POLK, KAREN P.O. BOX 3277 DELAND, FL 32721
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 2/11/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #