

**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90017 018 \*\*\*150.00



**DOCUMENT # 650594**  
 1. Entity Name  
**BYRD GROVES, INC.**

Principal Place of Business      Mailing Address  
**1648 TYNER RD**      **P.O. BOX 1859**  
**HAINES CITY FL 33844-9674**      **DUNDEE FL 33838**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**59-1957356**      Not Applicable

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

6: Name and Address of Current Registered Agent  
**MORRIS, DAVID**  
**1646 TYNER RD.**  
**HAINES CITY FL 33844**

7. Name and Address of New Registered Agent  
 Name **David A. Morris, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable) **1648 Tyner Rd**  
 City **Haines City**      **FL 33844-9674**

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 *[Signature]*      DATE **4-24-08**  
Signature, typed or printed name of registered agent or State Treasurer. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, DAVID JR.	
STREET ADDRESS	1646 TYNER ROAD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	MORRIS, ROSITA	
STREET ADDRESS	1646 TYNER ROAD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT	
STREET ADDRESS	1646 TYNER ROAD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-24-08**  
 Date      Electronic Filing #