


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90054 034 ***150.00

DOCUMENT # 221386 1. Entity Name SAXON GROVES, INC.					
Principal Place of Business 1850 US HWY 27 SOUTH AVON PARK, FL 33825 US			Mailing Address P O BOX 756 AVON PARK FLA, FL 33826 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6070949	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROOKS, TONI D 1850 US HWY 27 S AVON PARK, FL 33826				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reissuing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CASON, ALLAN L 1513 BARBIL LANE AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Asst S/T/D Barber, Nicole 2093 Harbts Desire Ln Avon Park FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Asst Secy Treas Director
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BROOKS, TONI 1543 BARBIL LANE AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD STEPHENS, HEIDI 1440 HIAWATHA SEBRING, FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BROOKS, JAMES L 1543 BARBIL LANE AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DEEN, STACIA S 1531 BARBIL LANE AVON PARK, FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CULLENS, TAMELA C 9235 COUNTY ROAD 635 SEBRING, FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Toni D. Brooks</u> <u>Toni D. Brooks</u> <u>2/6/08</u> <u>863-453-5756</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					