

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 221386

FILED
Apr 22, 2009
Secretary of State

Entity Name: SAXON GROVES, INC.

Current Principal Place of Business:

1850 US HWY 27 SOUTH
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 756
AVON PARK FLA, FL 33826 US

New Mailing Address:

FEI Number: 59-6070949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, TONI D
1850 US HWY 27 S
AVON PARK, FL 33826 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CASON, ALLAN L
Address: 1513 BARBIL LANE
City-St-Zip: AVON PARK, FL 33825

Title: PD () Delete
Name: BROOKS, TONI
Address: 1543 BARBIL LANE
City-St-Zip: AVON PARK, FL 33825

Title: VD () Delete
Name: STEPHENS, HEIDI
Address: 1440 HIAWATHA
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: BROOKS, JAMES L
Address: 1543 BARBIL LANE
City-St-Zip: AVON PARK, FL 33825

Title: SD () Delete
Name: DEEN, STACIA S
Address: 1531 BARBIL LANE
City-St-Zip: AVON PARK, FL 33825

Title: TD () Delete
Name: CULLENS, TAMELA C
Address: 9235 COUNTY ROAD 635
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI D BROOKS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date