

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327852

Entity Name: CAVES GROVES INC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

29150 SOUTHWEST 167 AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

29150 SOUTHWEST 167 AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-1217210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVES, RAYMOND
29150 S.W. 167 AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

CAVES, RAYMOND E
29150 S.W. 167 AVENUE
HOMESTEAD, FL 33030 US

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: RAYMOND CAVES

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAVES, SHIRLEY R
Address: 29150 SW 167TH AVE
City-St-Zip: HOMESTEAD, FL

Title: PD () Delete
Name: CAVES, RAYMOND E
Address: 29150 SW 167TH AVE
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: CAVES, CHARLES ROBERT
Address: 29150 S.W. 16TH AVE.
City-St-Zip: HOMESTEAD, FL

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:

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: RAYMOND E. CAVES

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06/23/2009

Electronic Signature of Signing Officer or Director

Date