

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 327852

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** CAVES GROVES INC

**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 E  
29150 S.W. 167 AVENUE  
HOMESTEAD, FL 33030 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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND E CAVES

PD

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date