


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90015 014 \*\*\*150.00

<b>DOCUMENT # 371642</b> 1. Entity Name <b>B V G GROVES, INC.</b>					
Principal Place of Business <b>225 W BROADWAY FORT MEADE, FL 33841 US</b>			Mailing Address <b>P O BOX 865 FORT MEADE, FL 33841 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01132006 Chg-P CR2E034 (11/05) 4. FEI Number <b>59-1318250</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VARN, B S 120 NORTH OAK AVE FT MEADE, FL 33841</b>			Name <b>VARN, INEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 N. OAK AVE</b> <b>FT MEADE</b> City <b>FL</b> Zip Code <b>33841</b>		
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 <b>INEZ VARN Inez Varn</b> <span style="float: right;"><b>1/17/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEVIS, HUGH 812 NE 8 ST FT MEADE, FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANNE GRANT Gauthier 6870 W. Longboat Bend DAVIE, FL 33331</b>
<b>DC GRANT, L L 651 SW 6TH ST APT 713 POMPAÑO BEACH, FL 33060</b>		<input checked="" type="checkbox"/> Delete		<b>LINDA GRANT Killingsworth 3605 STARBOARD AVE Cooper City, FL 33026</b>	
<b>DS VARN, INEZ 120 N OAK AVENUE FT MEADE, FLORIDA 00000,</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>DP VARN, B S 120 N OAK AVENUE FT MEADE, FLORIDA 00000,</b>		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<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.					
<b>SIGNATURE: Inez Varn INEZ VARN</b> <span style="float: right;"><b>1-17-06 863-285-7323</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					