

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 443219

1. Entity Name
BECK GROVE CARE, INC.



Principal Place of Business

**13608 OVERSTREET ROAD
WINDERMERE, FL 34786 US**

Mailing Address

**13608 OVERSTREET RD.
WINDERMERE, FL 34786 US**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1536504

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BECK, GEORGE D N
13608 OVERSTREET RD.
WINDERMERE, FL 32786**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000748348
05/17/07-80064-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGE D. N. BECK
STREET ADDRESS	13608 OVERSTREET RD.
CITY-ST-ZIP	WINDERMERE, FL
TITLE	VD
NAME	BECK, GLENN E
STREET ADDRESS	12500 OVERSTREET ROAD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	STD
NAME	BECK, MARK D
STREET ADDRESS	12842 LAKE SAWYER LANE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

Daytime Phone #