

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 448830

1. Entity Name
BANYAN GROVE, INC.



Principal Place of Business
**1519 19TH PLACE
VERO BEACH, FL 32960**

Mailing Address
**PO BOX 998
VERO BEACH, FL 32961-0998**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1530875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAVES, W.C. III
5680 4TH ST
VERO BEACH, FL 32968**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAVES, FRANCES ELLIS
STREET ADDRESS	5680 4TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	D
NAME	GRAVES, W.C., III
STREET ADDRESS	5680 4TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	TD
NAME	GRAVES, W C IV
STREET ADDRESS	6655 8TH ST
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	P
NAME	GRAVES, W.C. IV
STREET ADDRESS	6655 8TH ST
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80095-008 150.00

**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

1/17/08

Date

772569-5733

Daytime Phone #