2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# 448830

Entity Name: BANYAN GROVE, INC.

Current Principal Place of Business:

1519 19TH PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 998
VERO BEACH, FL 329610998

New Mailing Address:

FEI Number: 59-1530875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRAVES, FRANCES ELLI, S
Address: 5680 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete
Name: GRAVES, W.C., III,
Address: 5680 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: TD ( ) Delete
Name: GRAVES, W C IV
Address: 6655 8TH ST
City-St-Zip: VERO BEACH, FL 32968

Title: P ( ) Delete
Name: GRAVES, W.C. IV
Address: 6655 8TH ST
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,AS (X) Change ( ) Addition
Name: GRAVES, FRANCES ELLI, S
Address: 5680 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: D,AS (X) Change ( ) Addition
Name: GRAVES, W.C., III,
Address: 5680 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: GRAVES, W.C. IV
Address: 6655 8TH STREET
City-St-Zip: VERO BEACH, FL 32968

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: W.C. GRAVES IV PRES 03/12/2009
Electronic Signature of Signing Officer or Director Date