



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 488511	
1. Entity Name BMB GROVES, INC.	

Principal Place of Business 675 130TH AVE SW VERO BCH, FL 32968 US	Mailing Address 2250 SIXTH STREET VERO BEACH, FL 32962
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DO NOT WRITE IN THIS SPACE

	
01072008 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-1625068	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 NELSON, CAROL B 2250 6TH STREET VERO BEACH, FL 32962

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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 _____ (NOTE: Registered Agent Signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000781122 01/15/08-80022-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, WILLIAM 3628 SHERWOOD RD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, GLEN A JR 675-130 AVE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, CAROL B 2250 6TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, SUSAN 1535 29TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Susan Wilson 1/11/08 772 569-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR