2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 488511

Entity Name: BMB GROVES, INC.

WILSON, SUSAN

1535 29TH AVE

VERO BEACH, FL 32960

Name:

Address:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

•		,		
Current Principal Place of Business:			New Principal Place of Business:	
3028 SHER ORLANDO,	WOOD ROAI , FL 32803) US		
Current Mailing Address:			New Mailing Address:	
1535 29TH VERO BEA	AVENUE CH, FL 32960)		
FEI Number:	59-1625068	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:
BARNES, V 3028 SHER ORLANDO,	WOOD ROAL) US		
The above in the State		ubmits this statement for the p	ourpose of changing its registered	I office or registered agent, or both,
SIGNATUR	E:			
	Electron	c Signature of Registered Age	ent	Date
Election Cam	paign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () BARNES, WILL 3628 SHERWO ORLANDO, FL	OD RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () BARNES, GLEN 675-130 AVE VERO BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () NELSON, CARC 2250 6TH ST VERO BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	V ()	Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUSAN B WILSON V 01/06/2009