

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650548

Entity Name: C.B.M. GROVES, INC.

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

202 E. STUART AVE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1410  
LAKE WALES, FL 338591410 US

**New Mailing Address:**

FEI Number: 59-1959342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MYERS, C B III  
202 E STUART AVE  
LAKE WALES, FL 33853 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: PST ( ) Delete  
Name: MYERS, C B III  
Address: 202 E STUART AVE  
City-St-Zip: LAKE WALES, FL 33853 US

Title: VP ( ) Delete  
Name: KENDRICK, MARSHA M  
Address: 202 E STUART AVE  
City-St-Zip: LAKE WALES, FL 33853 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: C B MYERS III

PST

01/08/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date