

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650548

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

FILED  
Jan 12, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: C B MYERS III

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

P

01/12/2011

\_\_\_\_\_ Date