


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90192 048 \*\*\*150.00

<b>DOCUMENT # 650594</b> 1. Entity Name <b>BYRD GROVES, INC.</b>					
Principal Place of Business <b>1648 TYNER RD HAINES CITY FL 33844-9674 US</b>			Mailing Address <b>1648 TYNER RD HAINES CITY FL 33844-9674 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1859</b> Suite, Apt. #, etc.			
City & State <b>Dundee, FL</b>		City & State <b>Dundee, FL</b>		4. FEI Number <b>59-1957356</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33838</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MORRIS, DAVID 1646 TYNER RD. HAINES CITY FL 33844</b>			7. Name and Address of New Registered Agent Name <b>David Morris, Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>1646 Tyner Rd.</b> <b>Haines City,</b> City <b>FL</b> Zip Code <b>33844</b>		
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 <b>David Morris, Jr President</b> <i>David A. Morris Jr</i> <b>4.17.07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT MORRIS, DAVID 1646 TYNER ROAD HAINES CITY FL 33844	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORRIS, DAVID JR. 1646 TYNER ROAD HAINES CITY FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT MORRIS, ROSITA 1646 TYNER ROAD HAINES CITY FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, ROBERT 1646 TYNER ROAD HAINES CITY FL 33844	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>David A. Morris Jr</i> <b>David A. Morris, Jr.</b> <b>4.17.07</b> <b>863 439 4087</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					