


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

|  |                             |                                 |   |  |  |
|--|-----------------------------|---------------------------------|---|--|--|
| <b>DOCUMENT # 660949</b><br>1. Entity Name<br><b>F &amp; J GROVES, INC.</b>  |                             |                                 |   |   |  |
| Principal Place of Business<br><b>650 E BAY AVE<br/>PO BOX 87<br/>LONGWOOD FL 32752-0087<br/>US</b>  |                             |                                 | Mailing Address<br><b>P.O. BOX 520087<br/>PO BOX 87<br/>LONGWOOD FL 32752-0087<br/>US</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                             | 3. Mailing Address              |   |  |  |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.             |   |  |  |
| City & State   |                             | City & State                    |   |  |  |
| Zip  | Country                     | Zip                             | Country   | 4. FEI Number <b>59-1997924</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                             |                                 |   | 1st MOORE CR2E034 (10/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BISTLINE, FREDERICK W.<br/>650 E. BAY AVENUE<br/>LONGWOOD FL 32750</b>   |                             |                                 | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>   |                             |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                             |                                 |   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS   |                             |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE  | PD                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | BISTLINE, FREDERICK W.      |                                 | NAME  |  |  |
| STREET ADDRESS   | 650 E. BAY AVE.             |                                 | STREET ADDRESS  |  |  |
| CITY ST ZIP  | LONGWOOD FL                 |                                 | CITY ST ZIP   |  |  |
| TITLE  | SD                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | BISTLINE, CAROLYN           |                                 | NAME  |  |  |
| STREET ADDRESS   | 650 E. BAY AVE.             |                                 | STREET ADDRESS  |  |  |
| CITY ST ZIP  | LONGWOOD FL                 |                                 | CITY ST ZIP   |  |  |
| TITLE  | TD                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | BISTLINE, JOHN A JR.,       |                                 | NAME  |  |  |
| STREET ADDRESS   | 470 VILLAGE PLACE, APT. 216 |                                 | STREET ADDRESS  |  |  |
| CITY ST ZIP  | LONGWOOD FL                 |                                 | CITY ST ZIP   |  |  |
| TITLE  | T                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | BISTLINE, JOHN A JR         |                                 | NAME  |  |  |
| STREET ADDRESS   | 490 VILLAGE PL #216         |                                 | STREET ADDRESS  |  |  |
| CITY ST ZIP  | LONGWOOD FL 32779           |                                 | CITY ST ZIP   |  |  |
| TITLE  |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                             |                                 | NAME  |  |  |
| STREET ADDRESS   |                             |                                 | STREET ADDRESS  |  |  |
| CITY ST ZIP  |                             |                                 | CITY ST ZIP   |  |  |
| TITLE  |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                             |                                 | NAME  |  |  |
| STREET ADDRESS   |                             |                                 | STREET ADDRESS  |  |  |
| CITY ST ZIP  |                             |                                 | CITY ST ZIP   |  |  |
| 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. |                             |                                 |   |  |  |
| <b>SIGNATURE:</b> <u>John A. Bistline</u> [John A. Bistline]   |                             |                                 | 1-21-07 332-6920  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                             |                                 | <small>Date Daytime Phone #</small>   |  |  |