## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2007 08:00 All Secretary of State

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1. Entity Name BOYD GROVES, INC.



US

Principal Place of Business

Mailing Address

1093 A1A BEACH BLVD

# 276

1093 A1A BEACH BLVD

# 276

DO NOT WRITE IN THIS SPACE

ST AUGUSTINE, FL 32080 US

ST AUGUSTINE, FL 32080



03022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2137883

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, EUGENE W 1093 A1A BEACH BLVD # 276 ST AUGUSTINE, FL 32080

## DO NOT WRITE IN THIS SPACE

# 276 ST AUGUS	STINE, FL 32080		IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or	registered agent, or bol	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and life if	applicable (NOTE Registered /	gent sígnatu	e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD BOYD, EUGENE W 1093 AIA BEACH BLVD #276 ST AUGUSTINE, FL 32080	TORS			U00000701846 04/20/07-80075-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BOYD, MARTIN G PO BOX 490821 LEESBURG, FL 34749					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, MARTIN G PO BOX 490821 LEESBURG, FL 34749		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 change d, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-07

Daytime Phone #