2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 693748

1. Entity Name
BOYD GROVES, INC.

Principal Place of Business	Mailing Address
1093 A1A BEACH BLVD # 276 ST AUGUSTINE, FL 32080 US	1093 A1A BEACH BLVD # 276 ST AUGUSTINE, FL 32080 US

03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000863915
04/03/08-80110-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOYD, EUGENE W
STREET ADDRESS	1093 AIA BEACH BLVD #276
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	VPST
NAME	BOYD, MARTIN G
STREET ADDRESS	PO BOX 490821
CITY-ST-ZIP	LEESBURG, FL 34749
TITLE	D
NAME	BOYD, MARTIN G
STREET ADDRESS	PO BOX 490821
CITY-ST-ZIP	LEESBURG, FL 34749
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-75-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #