

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693748

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: BOYD GROVES, INC.

**Current Principal Place of Business:**

1093 A1A BEACH BLVD  
# 276  
ST AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

628 SOUTH 14TH STREET  
LEESBURG, FL 34749 US

**Current Mailing Address:**

1093 A1A BEACH BLVD  
# 276  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

PO BOX 490821  
LEESBURG, FL 34749

FEI Number: 59-2137883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOYD, EUGENE W  
Address: 1093 A1A BEACH BLVD #276  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VPST ( ) Delete  
Name: BOYD, MARTIN G  
Address: PO BOX 490821  
City-St-Zip: LEESBURG, FL 34749

Title: D ( ) Delete  
Name: BOYD, MARTIN G  
Address: PO BOX 490821  
City-St-Zip: LEESBURG, FL 34749

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN BOYD

VP

04/08/2009

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

\_\_\_\_\_ Date