


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-25-2007 90192 049 ***150.00

DOCUMENT # K15962			
1. Entity Name BYRD GROVE CARETAKING, INC.			
Principal Place of Business 1648 TYNER RD HAINES CITY FL 33844-4949		Mailing Address 1648 TYNER RD HAINES CITY FL 33844-4949	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1859	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Dundee, FL	
Zip	Country	Zip	Country
		33838	USA
4. FEI Number 59-2871214		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID MORRIS 1646 TYNER RD. HAINES CITY FL 33844		Name David Morris, Jr	
		Street Address (P.O. Box Number is Not Acceptable) 1646 Tyner Rd.	
		City Haines City	
		City	Zip Code FL 33844
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	
David Morris, Jr. President		4-17-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	



1st MOORE CR2E034 (10/06)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	MORRIS, DAVID		
STREET ADDRESS	1646 TYNER RD.		
CITY-ST-ZIP	HAINES CITY FL		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	MORRIS, DAVID JR		
STREET ADDRESS	1646 TYNER RD		
CITY-ST-ZIP	HAINES CITY FL 33844		
TITLE	SDT	<input type="checkbox"/> Delete	
NAME	MORRIS, ROSITA		
STREET ADDRESS	1646 TYNER RD		
CITY-ST-ZIP	HAINES CITY FL 33844		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MORRIS, ROBERT C		
STREET ADDRESS	1646 TYNER RD		
CITY-ST-ZIP	HAINES CITY FL 33844		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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.

SIGNATURE: David A. Morris Jr David A. Morris Jr 4-17-07 863 439 4087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #