

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90017 016 ***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

PO BOX 1859
DUNDEE FL 33838

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

59-2871214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

DAVID MORRIS
1646 TYNER RD.
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name: David A. Morris Jr.
Street Address (P.O. Box Number is Not Applicable):
1648 Tyner Rd

City: Haines City FL

FL

Zip Code: 33844-4974

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

David A. Morris Jr.

(NOTE: Registered Agent signature required when certifying)

4-24-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MORRIS, DAVID JR	
STREET ADDRESS	1646 TYNER RD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SDT	☐ Delete
NAME	MORRIS, ROSITA	
STREET ADDRESS	1646 TYNER RD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VD	☐ Delete
NAME	MORRIS, ROBERT C	
STREET ADDRESS	1646 TYNER RD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page Number