

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K15962

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** BYRD GROVE CARETAKING, INC.

**Current Principal Place of Business:**

1648 TYNER RD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1859  
DUNDEE, FL 33838

**New Mailing Address:**

**FEI Number:** 59-2871214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID MORRIS  
1648 TYNER RD  
HAINES CITY, FL 33844 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  
**Name:** MORRIS, DAVID JR  
**Address:** 1646 TYNER RD  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** SDT  
**Name:** MORRIS, ROSITA  
**Address:** 1646 TYNER RD  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** VD  
**Name:** MORRIS, ROBERT  
**Address:** 1646 TYNER RD  
**City-St-Zip:** HAINES CITY, FL 33844

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID A MORRIS

PRES

04/29/2010

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

\_\_\_\_\_  
Date