


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04268</b>	
1. Entity Name <b>B AND S GROVES, INC.</b>	

Principal Place of Business <b>141 5TH ST NW WINTER HAVEN, FL 33881</b>	Mailing Address <b>141 5TH ST NW WINTER HAVEN, FL 33881</b>
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0134980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLINE, DEBRA L.  
141 5TH ST NW  
WINTER HAVEN, FL 33881**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000406542 02/07/06-80092-011 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>JARNDAL, BRITTA</b>
STREET ADDRESS <b>147 WODEN WAY</b>	CITY- ST- ZIP <b>WINTER HAVEN, FL 33884</b>
TITLE <b>VST</b>	NAME <b>SUMMERLIN, ROY C.</b>
STREET ADDRESS <b>1255 W. LAKE HAMILTON DR</b>	CITY- ST- ZIP <b>WINTER HAVEN, FL</b>
TITLE <b>D</b>	NAME <b>SUMMERLIN, ROY C.</b>
STREET ADDRESS <b>1255 W. LAKE HAMILTON DR</b>	CITY- ST- ZIP <b>WINTER HAVEN, FL</b>
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP

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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: *Roy C. Summerlin* **1-24-06 863-294-3360**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #