

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S05691

1. Entity Name

B & B GROVES, INC.



Principal Place of Business

**27511 BAYHEAD RD
DADE CITY FL 33523**

Mailing Address

**PO BOX 128
SAN ANTONIO FL 33576**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3042515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAGAN, LISA
27511 BAYHEAD RD
DADE CITY FL 33523**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 BARTHLE, ROBERT J.
STREET ADDRESS 17320 BELLAMY BROS. BLVD
CITY-ST-ZIP DADE CITY FL 33525

TITLE VP ☐ Delete
NAME BARTHLE, WILLIAM A.
STREET ADDRESS 17846 BELLAMY BROS. BLVD
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Delete
NAME BARTHLE, ESTELLA T.
STREET ADDRESS 27511 BAYHEAD RD
CITY-ST-ZIP DADE CITY FL 33523

TITLE T ☐ Delete
NAME HAMILTON, DEBORAH B.
STREET ADDRESS 27771 BAYHEAD RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ Delete
NAME FAGAN, LISA B
STREET ADDRESS 27850 BAYHEAD RD
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000060977
CITY-ST-ZIP 02/21/04-80002-025 150.00

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lisa B. Fagan* **Lisa B. Fagan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 350-588-2764
Date Daytime Phone #