

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 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

1st MOORE

CR2E034 (10/04)

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARTHLE, ROBERT J.	
STREET ADDRESS	17320 BELLAMY BROS. BLVD	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARTHLE, WILLIAM A.	
STREET ADDRESS	17846 BELLAMY BROS. BLVD	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTHLE, ESTELLA T.	
STREET ADDRESS	27511 BAYHEAD RD	
CITY - ST - ZIP	DADE CITY FL 33523	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMILTON, DEBORAH B.	
STREET ADDRESS	27771 BAYHEAD RD	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGAN, LISA B	
STREET ADDRESS	27850 BAYHEAD RD	
CITY - ST - ZIP	DADE CITY FL 33523	
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"/> Add
NAME		
STREET ADDRESS	000000301620	
CITY - ST - ZIP	04/13/05-80038-013 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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 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

Date

Daytime Phone #

3-24-05 352-588-2887