# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# V09911

**Entity Name:** LAKE JESSUP GROVES, INC.

**Current Principal Place of Business:**

700 W FIRST STREET
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 W FIRST STREET
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number: 59-3110551** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WALLACE, GEORGE B
700 W FIRST STREET
SANFORD, FL 32771 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: P ( ) Delete
Name: WALLACE, GEORGE B
Address: 700 W FIRST STREET
City-St-Zip: SANFORD, FL 32771

Title: VT ( ) Delete
Name: BALES, JEFFREY C
Address: 113 LINDA LANE
City-St-Zip: LAKE MARY, FL 32746

Title: VP ( ) Delete
Name: LINGLE, G. KURT
Address: 111 LOCK ARBOR CT.
City-St-Zip: SANFORD, FL

Title: VPS ( ) Delete
Name: TRAMELL, JOE B
Address: 720 N RIO GRANDE AVE
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE B. WALLACE PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date