2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 126906

1. Entity Name
LAKE BUTLER GROVES, INC.

Principal Place of Business	Mailing Address
13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN, FL 34777 US	13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN, FL 34777 US

02032004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-0623383
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, REX V
11340 LAKE BUTLER BLVD
WINDERMERE, FL 34786

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RIFFLE, THOMAS R.
STREET ADDRESS	520 N ORLANDO AVE # 14
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VD
NAME	MCPHERSON, JOHN R
STREET ADDRESS	1110 W IVANHOE BLVD #15
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	LAMBERT, LAURA D
STREET ADDRESS	2696 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY, FL
TITLE	PD
NAME	MCPHERSON, REX V
STREET ADDRESS	11340 LAKE BUTLER RD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	GERBER, KEENE M.
STREET ADDRESS	74 HICKORY DR
CITY-ST-ZIP	HIGHLANDS, NC 28741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000109725
04/12/04-80054-025 150.00

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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: Thomas R. Riffle THOMAS R. RIFFLE 04/10/04 (407) 656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #