

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90117 049 ***150.00

DOCUMENT # 126906		
1. Entity Name LAKE BUTLER GROVES, INC.		

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

50014526



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02082006 Chg-P CR2E034 (11/05)

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIFFLE, THOMAS R. 10 N SUMMERLIN AVE #54 ORLANDO, FL 32801 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas R. Riffle Thomas R. Riffle 04/18/06 (407) 656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #