


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 001 ***150.00

DOCUMENT # 220976		
1. Entity Name LAKE HENRY GROVES INC		

Principal Place of Business 2220 C-17 NORTH LAKE PLACID, FL 33852 US	Mailing Address 2220 C-17 NORTH LAKE PLACID, FL 33852 US
------------------------------------------------------------------------------------	------------------------------------------------------------------------

2. Principal Place of Business 127 Watters Drive Suite, Apt. #, etc.	3. Mailing Address Post Office Box 1992 Suite, Apt. #, etc.
-----------------------------------------------------------------------------------	--------------------------------------------------------------------------

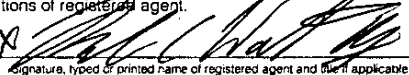
City & State Lake Placid, FL	City & State Lake Placid, FL	4. FEI Number 59-6071327	Applied For <input type="checkbox"/> Not Applicable
Zip 33852	Country USA	Zip 33862	Country USA

03192006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent WATTERS, MALCOLM JR 2220 C-17 NORTH LAKE PLACID, FL 33852		7. Name and Address of New Registered Agent Name Malcolm C. Watters, III Street Address (P.O. Box Number is Not Acceptable) 127 Watters Drive City Lake Placid FL Zip Code 33852	
-----------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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:  **Malcolm C. Watters, III** DATE: **3/22/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTERS JR, MALCOLM C 2220 C-17 NORTH LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Malcolm C. Watters, III 127 Watters Drive Lake Placid, FL 33852 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATTERS, JEANNE 111 CAREY AVE NW LAKE PLACID, FL 33852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Patricia Watters 775 Guerrero Street, Apt. 2 San Francisco, CA 94110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Suzanne Watters 2202 Arbour Walk Circle, Apt 2121 Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Malcolm C. Watters, III** DATE: **3/22/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR