


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2005 8:00 am
Secretary of State

07-27-2005 90048 027 ***150.00

DOCUMENT # 227619 1. Entity Name LAKE AGNES GROVE CORPORATION					
Principal Place of Business 1807 WOODPOINTE DR P O BOX 1757 WINTER HAVEN FL 33882			Mailing Address P O BOX 1757 WINTER HAVEN FL 33882		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0889499	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMPSON JR, W T 1807 WOODPOINTE DR P O BOX 1757 WINTER HAVEN FL 33882				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 <u>Lake Agnes Grove Corp. By W T Simpson Jr</u> <u>8/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON JR, W T 1807 WOODPOINTE DR WINTER HAVEN FL 33884 <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	VD SIMPSON, KAREN E 1807 WOODPOINTE DR WINTER HAVEN FL 33881 <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	
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 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 empowerments.					
SIGNATURE: <u>W T Simpson Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/20/05</u> <u>863 3241292</u> <small>Date Daytime Phone</small>		

ATTACHMENT
66026447
Lake Agnes Grove Corporation
W. Terrell Simpson, Jr.
Post Office Box 1757
Winter Haven, Florida 33882

August 22, 2005

Annual Reports Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

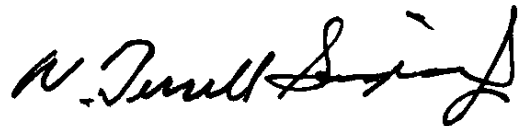
Attention to Reference #227619

Lake Agnes Grove Corporation was formed on September 1, 1959. I have filed the Corporation Annual Report in a timely manner for as long as it has been required by the State of Florida.

This year I did not receive the form to file the annual report. I certainly would have done so had I gotten it. As I did not receive the notice I am requesting a waiver of the \$400.00 late fee as provided for in the Division of Corporations.

There are no changes in the report and I am returning the mailing that you sent me with my signature at #8.

Yours truly,



W. Terrell Simpson, Jr.

2 enclosures