

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 227619

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: LAKE AGNES GROVE CORPORATION

## Current Principal Place of Business:

1807 WOODPOINTE DR  
P O BOX 1757  
WINTER HAVEN, FL 33882

## New Principal Place of Business:

1807 WOODPOINTE DR  
WINTER HAVEN, FL 33884

## Current Mailing Address:

P O BOX 1757  
WINTER HAVEN, FL 33882

## New Mailing Address:

FEI Number: 59-0889499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMPSON JR, W T  
1807 WOODPOINTE DR  
P O BOX 1757  
WINTER HAVEN, FL 33882 US

## Name and Address of New Registered Agent:

SIMPSON JR, W T  
1807 WOODPOINTE DR  
WINTER HAVEN, FL 33884 US

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: W T. SIMPSON, JR

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIMPSON JR, W T,  
Address: 1807 WOODPOINTE DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: SIMPSON, KAREN E,  
Address: 1807 WOODPOINTE DR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SV ( ) Delete  
Name: SMITH, CHARLES C  
Address: 1327 MIRROR TERRACE NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ASD ( ) Delete  
Name: SMITH, CHARLES C III  
Address: 1327 MIRROR TERRACE NW  
City-St-Zip: WINTER HAVEN, FL 33881

## 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: W T. SIMPSON, JR

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date