


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # 256109 1. Entity Name WARDLAW -NANCY C- GROVES INC		
Principal Place of Business 749 N SCENIC HWY PO BOX 986 FROSTPROOF, FL 33843	Mailing Address 749 N SCENIC HWY PO BOX 986 FROSTPROOF, FL 33843	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, NEWELL A 336 PEABODY CIRCLE AVON PARK, FL 33825		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMITH, NEWELL A 336 PEABODY CIRCLE AVON PARK, FL 33825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEPHEN A. 2561 S.W. 3RD AVE OKEECHOBEE, FL 34974	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, WADE M. 2317 7TH AVE W BRADENTON, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>NEWELL A. SMITH, Sec</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/20/06</u> <small>Date</small> <u>863 435-4853</u> <small>Daytime Phone #</small>



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0981706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/05/06-80056-005 150.00

**DO NOT WRITE
IN THIS SPACE**