

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 284648
 1. Entity Name
 SMOAK GROVES, INC.



Principal Place of Business: 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852
 Mailing Address: 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-1082258 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMOAK, JOHN F., JR.
 1025 COUNTY RD 17 NORTH
 LAKE PLACID, FL 33852

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	ASD
NAME	SMOAK, PHILIP L
STREET ADDRESS	6781 STATE ROAD 66
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	PDT
NAME	SMOAK, JOHN F. JR
STREET ADDRESS	1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	VSD
NAME	SMOAK, EDWARD L
STREET ADDRESS	1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	AS
NAME	EURES, LEIGH S.
STREET ADDRESS	1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	AT
NAME	SMOAK, EDWARD L JR
STREET ADDRESS	1025 COUNTY RD 17 NORTH
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	AVD
NAME	SMOAK, JOHN F III
STREET ADDRESS	1025 CR 17 N
CITY-ST-ZIP	LAKE PLACID, FL

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 04/05/04-80013-013 150.00

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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 empowered.

SIGNATURE:  Edward L. Smoak 3/31/04 863-465-2561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #