


# 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
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01172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1082258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SMOAK, PHILIP L 6781 STATE ROAD 66 ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SMOAK, JOHN F. JR 1025 COUNTY RD. 17 NORTH LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMOAK, EDWARD L 1025 COUNTY RD. 17 NORTH LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EURES, LEIGH S. 1025 COUNTY RD. 17 NORTH LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMOAK, EDWARD L JR 1025 COUNTY RD 17 NORTH LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD SMOAK, JOHN F III 1025 CR 17 N LAKE PLACID, FL

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