

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08252004

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ASD  
SMOAK, PHILIP L  
6781 STATE ROAD 66  
ZOLFO SPRINGS, FL 33890 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
SMOAK, JOHN F. JR  
1025 COUNTY RD. 17 NORTH  
LAKE PLACID, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
SMOAK, EDWARD L  
1025 COUNTY RD. 17 NORTH  
LAKE PLACID, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
EURES, LEIGH S.  
1025 COUNTY RD. 17 NORTH  
LAKE PLACID, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
SMOAK, EDWARD L JR  
1025 COUNTY RD 17 NORTH  
LAKE PLACID, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AVD  
SMOAK, JOHN F III  
1025 CR 17 N  
LAKE PLACID, FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700040744347  
09/01/04--01081--003 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/04

Date

863-465-2561

Daytime Phone #

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**2004 AMENDED ANNUAL REPORT  
SMOAK GROVES, INC.**

Document Number: 284648

**Additional Officers and Directors**

Title: ASD  
Name: Mason G. Smoak  
Address: 1025 County Road 17 North  
City, State, Zip: Lake Placid, FL 33852

Title: ASD  
Name: Samantha L. Smoak  
Address: 1025 County Road 17 North  
City, State, Zip: Lake Placid, FL 33852