
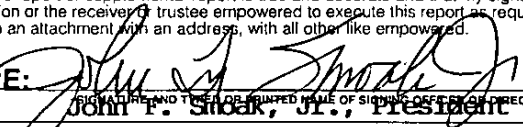


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90320 015 ***150.00

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 Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1082258			Applied For <input type="checkbox"/> 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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SMOAK, PHILIP L 6781 STATE ROAD 66 ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SMOAK, JOHN F. JR 1025 COUNTY RD. 17 NORTH LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMOAK, EDWARD L 1025 COUNTY RD. 17 NORTH LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EURES, LEIGH S. 1025 COUNTY RD. 17 NORTH LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMOAK, EDWARD L JR 1025 COUNTY RD 17 NORTH LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD SMOAK, JOHN F III 1025 CR 17 N LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 			4/22/05 863-465-2561		
John F. Smoak, Jr., President			Date Daytime Phone #		

50044386



ATTACHMENT

50044386

2005 UNIFORM BUSINESS 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