2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:(
Secretary of Sta

DOCUMENT # 284648

1. Entity Name
SMOAK GROVES, INC.

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

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-1082258

5. Certificate of Status Desired ☐ **$8.75** Addit Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMOAK, JOHN F., JR. 1025 COUNTY RD 17 NORTH LAKE PLACID, FL 33852	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, a 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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD SMOAK, PHILIP L 6781 STATE ROAD 68 ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change 000000544987 05/11/06-80056-005 150
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	☐ Change
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	☐ Change
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	☐ Change
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	☐ C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVD SMOAK, JOHN F III 1025 CR 17 N LAKE PLACID, FL	☐ Delete	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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/06 863-46
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Mason G. Smoak