


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90817 030 \*\*\*150.00

<b>DOCUMENT # 284648</b> 1. Entity Name <b>SMOAK GROVES, INC.</b>					
Principal Place of Business <b>1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852</b>			Mailing Address <b>1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1082258</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SMOAK, JOHN F., JR. 1025 COUNTY RD 17 NORTH LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	SD Smoak, Philip L 6781 State Road 66 Zolfo Springs, FL 33890
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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	D Smoak, John F Jr 1025 County Road 17 North Lake Placid, FL 33852
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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	TD Smoak, Edward L 1025 County Road 17 North Lake Placid, FL 33852
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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	D Smoak, Edward L. Jr 1025 County Road 17 North Lake Placid, FL 33852
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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	PD Smoak, John F III 1025 County Road 17 North Lake Placid, FL 33852
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <i>Vice President</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

ATTACHMENT

400 92045

**2006 UNIFORM BUSINESS REPORT  
SMOAK GROVES, INC.**

Document Number: 284648

**Additional Officers and Directors**

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

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