

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284648

Entity Name: SMOAK GROVES, INC.

FILED
Apr 13, 2011
Secretary of State

Current Principal Place of Business:

1025 COUNTY ROAD 17 NORTH
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1025 COUNTY ROAD 17 NORTH
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-1082258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOAK III, JOHN F
1025 COUNTY RD 17 NORTH
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: SMOAK, PHILIP L
Address: 6781 STATE ROAD 66
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D
Name: SMOAK, JOHN F. JR
Address: 1025 COUNTY RD. 17 NORTH
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: SMOAK, EDWARD L
Address: 1025 COUNTY RD. 17 NORTH
City-St-Zip: LAKE PLACID, FL 33852

Title: TD
Name: PRICE, SAMANTHA S
Address: 236 HUNTLEY OAKS BLVD
City-St-Zip: LAKE PLACID, FL

Title: DVP
Name: SMOAK, EDWARD L JR
Address: 1025 COUNTY RD 17 NORTH
City-St-Zip: LAKE PLACID, FL 33852

Title: PD
Name: SMOAK, JOHN F III
Address: 1025 COUNTY ROAD 17 NORTH
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN F SMOAK III

PRES

04/13/2011

Electronic Signature of Signing Officer or Director

Date