2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

Aug 25, 2005 8:00 am Secretary of State **DOCUMENT # 285666** 1. Entity Name 07-27-2005 90048 015 ***150.00 INTERLACHEN GROVES, INC. Principal Place of Business Mailing Address PO BOX 1757 WINTER HAVEN FL 33882 1807 WOODPOINTE OR PO BOX 1757 WINTER HAVEN FL 33882 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1064173 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMPSON, W.T., JR. 1807 WOODPOINTE DR Street Address (P.O. Box Number is Not Acceptable) PO BOX 1757 **WINTER HAVEN FL 33882** City 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 5 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD DILE Delete UNE ☐ Change Addition SIMPSON, W.T. JR. NAME NAMÉ 1807 WOODPOINTE DR STREET ADVORESS STREET ADORESS CITY-ST-ZIP WINTER HAVEN FL 33882 CHY-SI-ZIP TITLE VST TITLE ☐ October ☐ Change ☐ Addition SOMERS, BETTY ANN NAME NAME STREET ADDRESS 425 LAKE SHORE LANE STREET ADDRESS CITY-ST-ZIP CHAPEL HILL NC 27514-1730 CITY ST-ZIP TITLE MILE ☐ Delete Change Addillon 🔲 HALE SOMERS, BETTY ANN NAME STREET ADDRESS STREET ADDRESS 425 LAKESHORE LANE CHESTER CHAPEL HILLENC 27514-1730 CHY-ST-ZE THRE Delete TITLE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP INTE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE une Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3Xi), 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 eath; that I am an officer or director of the corporation or the receiver or trustee employed do 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.



Interlachen Groves, Incorporated

W. Terrell Simpson, Jr.
Post Office Box 1757
Winter Haven, Florida 33882

August 22, 2005

Annual Reports Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attention to Reference #285666

Interlacken Groves, Incorporated was formed on October 5,1964. I have filed the Corporation Annual Report in a timely manner for as long as it has been required by the State of Florida.

This year I did not receive the form to file the annual report. I certainly would have done so had I gotten it. As I did not receive the notice I am requesting a waiver of the \$400.00 late fee as provided for in the Division of Corporations.

There are no changes in the report and I am returning the mailing that you sent me with my signature at #8.

Yours truly,

W. Terrell Simpson, Jr.