


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 292439</b> 1. Entity Name CROOKED LAKE GROVES, INC.	
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Principal Place of Business 2261 INTERLAKEN LANE EUSTIS, FL 32726	Mailing Address 501 EAST FIFTH AVENUE MOUNT DORA, FL 32757
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1103531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  VASON, ROBERT F JR. 501 EAST FIFTH AVENUE MOUNT DORA, FL 32757
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CARBONNEAU, SUSAN D 3504 BRITTANY COVE KENNESAW, GA 30152
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD DYE, ALAN P 1747 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DYE, GARY H POST OFFICE BOX 330 ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>U00000780031 01/14/08-80006-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

SIGNATURE: Alan P. Dye ALAN P. DYE 1-7-08 202-785-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #