

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 373788

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: BLUE LAKE GROVES, INC.

**Current Principal Place of Business:**

3900 SCENIC HWY S  
LAKE WALES, FL 33898 US

**New Principal Place of Business:**

**Current Mailing Address:**

3900 SCENIC HWY S.  
LAKE WALES, FL 33898 US

**New Mailing Address:**

FEI Number: 59-1323574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THULLBERY, CATHERINE D  
3900 SCENIC HWY S.  
LAKE WALES, FL 33898 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THULLBERY, CATHERINE D PD  
Address: 3900 SCENIC HWY SOUTH  
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD ( ) Delete  
Name: BRASWELL, PATRICA D TD  
Address: 13601 WINDSOR RD.  
City-St-Zip: LITTLE ROCK, AR 72212 US

Title: VD ( ) Delete  
Name: GEIGER, DONNA D VD  
Address: 2453 PARK AVE  
City-St-Zip: PAGOSA SPRINGS, CO 81157 US

Title: SD ( ) Delete  
Name: CASTILLO, ANNE D SD  
Address: 905 5 FORKS RD  
City-St-Zip: VIRGINIA BEACH,, VA 23455 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CATHERINE D. THULLBERY

DIR

01/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date