

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90017 050 \*\*\*150.00

**DOCUMENT # 557334**

1. Entity Name  
MIDDLE LAKE GROVES, INC.



Principal Place of Business

17821 JAMES RD **6248**  
DADE CITY, FL 33523-~~6428~~ US

Mailing Address

17821 JAMES RD  
DADE CITY, FL 33523-6248 US



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1793044

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JAMES GEORGE C  
17821 JAMES RD  
DADE CITY, FL 33523

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JAMES, GEORGE C.  
STREET ADDRESS 17821 JAMES RD  
CITY-ST-ZIP DADE CITY, FL 33523

TITLE VD  
NAME HENDERSON, ANN M.  
STREET ADDRESS 2005 N.W. 26TH. ST.  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE TD  
NAME HENDERSON, CHARLES A.  
STREET ADDRESS 2005 N.W. 26TH. ST.  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE SD  
NAME JAMES, VIRGINIA D.  
STREET ADDRESS 17821 JAMES RD  
CITY-ST-ZIP DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *George C. James* **GEORGE C. JAMES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-14-04 352-588-2266*