2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# 586393

Entity Name: BAY LAKE GROVES, INC.

Current Principal Place of Business:

9210 BAYLAKE RD
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

3342 PINEHURST DRIVE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-1867761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOEMAKER, D.P
3342 PINEHURST DRIVE
LAKE WORTH, FL 33467 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: P ( ) Delete
Name: KUHARSKE, MILTON
Address: 2035 BIGLERVILLE ROAD
City-St-Zip: GETTYSBURG, PA

Title: T ( ) Delete
Name: SHOEMAKER, D.P
Address: 3342 PINEHURST DR
City-St-Zip: LAKE WORTH, FL 33467

Title: S ( ) Delete
Name: BAYSINGER, NANCY
Address: 12648 LAKESHORE DR.
City-St-Zip: CLERMONT, FL 34761

Title: VP ( ) Delete
Name: KUHARSKE, CYNTHIA
Address: 9210 BAYLAKE RD.
City-St-Zip: GROVELAND, FL 32376

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KUHARSKE, EDWARD
Address: 2105 ALAN ST APT 4
City-St-Zip: IDAHO FALLS, ID 83404

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 Chapter 119, 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: D P SHOEMAKER T 03/27/2007

Electronic Signature of Signing Officer or Director — Date