

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654388

FILED
Apr 24, 2009
Secretary of State

Entity Name: GRADY SMOAK GROVES, INC.

Current Principal Place of Business:

477 CLOVERLEAF RD.
P O BOX 37
LAKE PLACID, FL 338525973

New Principal Place of Business:

477 CLOVERLEAF RD.
LAKE PLACID, FL 338525973 US

Current Mailing Address:

PO BOX 39
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-1976677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, MARILYN SMOAK
509 LAKE MIRROR DR
P.O. BOX 39
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

MASON, MARILYN SMOAK
509 LAKE MIRROR DR
LAKE PLACID, FL 33852 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MASON, MARILYN SMOAK
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852,

Title: VP () Delete
Name: MASON, GEORGE P JR.
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MASON, MARILYN SMOAK
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DVP (X) Change () Addition
Name: MASON, GEORGE P JR.
Address: 509 LAKE MIRROR DR
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN S MASON

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

Date