2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F81274

1. Entity Name
SMITH SOUTH REEDY GROVES, INC.

Principal Place of Business	Mailing Address
1187 S. LAKE REEDY BLVD. P.O. BOX 505 FROSTPROOF, FL 33843	1187 S. LAKE REEDY BLVD. P.O. BOX 505 FROSTPROOF, FL 33843

04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2246764
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RUTH P.
1187 SOUTH LAKE REEDY BLVD.
FROSTPROOF, FL 33843

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SMITH, RUTH P
STREET ADDRESS	1187 S. LAKE REEDY BLVD.
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	VD
NAME	SMITH, JAMES H.
STREET ADDRESS	318 CARMELA CIRCLE
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	SMITH, A.M.
STREET ADDRESS	1187 S. LAKE REEDY BLVD
CITY-ST-ZIP	FROSTPROOF, FL
TITLE	SD
NAME	SMITH, NEWELL A.
STREET ADDRESS	8 BRADFORD BLVD
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	MCDOWELL, MARY C.
STREET ADDRESS	1132 PONDS RD
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80081-005 150.00

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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: Ruth P. Smith 4-8-05 863-635-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #