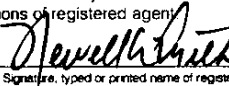
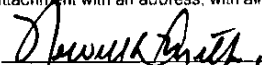


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 021 ***150.00

DOCUMENT # F81274 1. Entity Name SMITH SOUTH REEDY GROVES, INC.					
Principal Place of Business 1187 S. LAKE REEDY BLVD. P.O. BOX 505 FROSTPROOF, FL 33843			Mailing Address 1187 S. LAKE REEDY BLVD. P.O. BOX 505 FROSTPROOF, FL 33843		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
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			7. Name and Address of New Registered Agent Name NEWELL A. SMITH Street Address (P.O. Box Number is Not Acceptable) 336 PEABODY CIRCLE City AVON PARK FL Zip Code 33825		
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  NEWELL A. SMITH DATE 4/20/06 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, RUTH P 1187 S. LAKE REEDY BLVD. FROSTPROOF, FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JAMES H. 318 CARMELA CIRCLE FROSTPROOF, FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, A.M. 1187 S. LAKE REEDY BLVD FROSTPROOF, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, NEWELL A. 8 BRADFORD BLVD FROSTPROOF, FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD 336 PEABODY CIRCLE AVON PARK, FL 33825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, MARY C. 1132 PONDS RD FROSTPROOF, FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  NEWELL A. SMITH DATE 4/20/06 DAYTIME PHONE # 863 635-4653 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					