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	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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04202006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
SMITH, RUTH P. 1187 SOUTH LAKE REEDY BLVD. FROSTPROOF, FL 33843	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 NEWELL A. SMITH 4/20/06
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, 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. ~~6 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, SECRETARY NEWELL A. SMITH 4/20/06 863 635-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #