2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# F81274

Entity Name: SMITH SOUTH REEDY GROVES, INC.

Current Principal Place of Business:

1187 S. LAKE REEDY BLVD.
P.O. BOX 505
FROSTPROOF, FL 33843

New Principal Place of Business:

1187 S. LAKE REEDY BLVD.
FROSTPROOF, FL 33843

Current Mailing Address:

1187 S. LAKE REEDY BLVD.
P.O. BOX 505
FROSTPROOF, FL 33843

New Mailing Address:

P.O. BOX 505
FROSTPROOF, FL 33843

FEI Number: 59-2246764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, NEWELL A
336 PEABODY CIR
AVON PARK, FL 33825 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: D ( ) Delete
Name: SMITH, RUTH P,
Address: 1187 S. LAKE REEDY BLVD.
City-St-Zip: FROSTPROOF, FL 33843

Title: VD ( ) Delete
Name: SMITH, JAMES H.,
Address: 318 CARMELA CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: SMITH, A.M.,
Address: 1187 S. LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL

Title: STD ( ) Delete
Name: SMITH, NEWELL A
Address: 336 PEABODY CIR
City-St-Zip: AVON PARK, FL 33825

Title: PD (X) Delete
Name: MCDOWELL, MARY C.,
Address: 1132 PONDS RD
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SMITH, RUTH P
Address: 1187 S. LAKE REEDY BLVD.
City-St-Zip: FROSTPROOF, FL 33843

Title: VD (X) Change ( ) Addition
Name: SMITH, JAMES H
Address: 318 CARMELA CIRCLE
City-St-Zip: FROSTPROOF, FL 33843

Title: PD (X) Change ( ) Addition
Name: MCDOWELL, MARY C
Address: 1132 PONDS ROAD
City-St-Zip: FROSTPROOF, FL 33843

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 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: NEWELL A. SMITH STD 03/24/2009

Electronic Signature of Signing Officer or Director Date