


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90032 017 \*\*\*150.00

<b>DOCUMENT # K98844</b>	
<b>1. Entity Name</b> SANDY RIDGE GROVES, INC.	

<b>Principal Place of Business</b> 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852	<b>Mailing Address</b> 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852
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54027221



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

03162004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-2959475	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SMOAK III, JOHN F 1025 CR 17 N LAKE PLACID, FL 33852		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, GARY W.	NAME	
STREET ADDRESS	1936 SOUTHEAST LAKEVIEW	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EURES, LEIGH S.	NAME	
STREET ADDRESS	1025 COUNTY ROAD 17 N.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, JOHN F III	NAME	
STREET ADDRESS	1025 CR 17 N	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, PHILIP L	NAME	
STREET ADDRESS	1025 CR 17 N	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, SAMANTHA L	NAME	
STREET ADDRESS	6995 ST 66	STREET ADDRESS	1025 County Road 17 North
CITY-ST-ZIP	ZOLFO SPRINGS, FL	CITY-ST-ZIP	Lake Placid, Florida 33852
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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:** John Smoak III **John Smoak III** **4/01/04** **863-465-2561**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #