
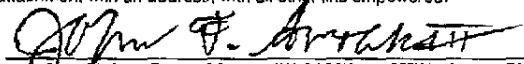


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K98844			
1. Entity Name SANDY RIDGE GROVES, INC.			
Principal Place of Business 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852		Mailing Address 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-stating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, GARY W.	NAME	U00000506361
STREET ADDRESS	1936 SOUTHEAST LAKEVIEW	STREET ADDRESS	04/27/06-80015-025 150.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, SAMANTHA L	NAME	
STREET ADDRESS	1025 COUNTY ROAD 17 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, FL 33852	CITY-ST-ZIP	
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 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: 		Date: 4/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John F. Smoak III		Daytime Phone #: 863-465-2561	