


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 A
Secretary of State

DOCUMENT # K98844 1. Entity Name SANDY RIDGE GROVES, INC.	
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Principal Place of Business 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852	Mailing Address 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2959475	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOAK III, JOHN F
1025 CR 17 N
LAKE PLACID, FL 33852

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACKMAN, GARY W. 1936 SOUTHEAST LAKEVIEW SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EURES, LEIGH S. 1025 COUNTY ROAD 17 N. LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOAK, JOHN F III 1025 CR 17 N LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOAK, PHILIP L 1025 CR 17 N LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMOAK, SAMANTHA L 1025 COUNTY ROAD 17, NORTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000683108
04/05/07-80031-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

John F. Smoak III
John F. Smoak III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

863-465-2561

Daytime Phone #