## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2005 8:00 am Secretary of State 05-03-2005 90119 023 \*\*\*150.00

1. Entity Name	MENT # M82314 LAKE GROVES, INC.						05-03	3-2005 9	0119 02	3 ***150.	.00
Principal Place	of Business	Mailing Address									
	RAL HWY #300	2400 S FEDERAL HWY STUART, FL 34994	#300								
										# 116# 116# #11	[ <b>{ </b>
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02232005	Ch	g-P	CR2EC	34 (10/03)	
City & State		City & State			4. FEI Numi			_	<del></del>	plied For t Applicable	
Zip	Country	Zip	Coun	Country		5. Certificat		s Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent		<u> </u>		7. Name an	d Addres	s of New F	Registered	<u> </u>	
				Name							
1200 S. PIN	DRATION SYSTEM NE ISLAND ROAD		Street Ad	ddress (F	P.O. Box Num	ber is Not	Acceptable	e)	· · · · · ·		
PLANTATIO	ON, FL 33324					-	,				
				City						Zip Cod	e
	named entity submits this statement for								FL	<u>- 1. `</u>	
g. The above		the perpose of charging it	s register	CO OIIIOO OI	rogistor	00 080///, 0/ 0	Ot 1, L.C		oned: Tan	12,7411121 771117	and addept
	ons of registered agent.										
the obligati	ons of registered agent.  Signature, typed or printed name of registered agent as	nd title if applicable. (NC	TE: Registere	ed Agent signati	ne required	when reinstating)			DATE		
the obligati		9. Election Camp	aign Fina	ncing _	\$5.	00 May Be					
the obligati	Signature, typed or printed name of registered agent at E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Camp Trust Fund Con	aign Fina ntribution.	ncing	<b>\$5.</b> Add	00 May Be	S/CHANG	SES TO OFF		D DIRECTOR	<b></b>
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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:

4/29/2005

202-887-6448

Daytime Phone #