

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000002037

Entity Name: RATTLESNAKE GROVE, INC.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5900 HWY 17-92  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1302  
LAKE ALFRED, FL 33850

**New Mailing Address:**

FEI Number: 57-1145114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYBARGER, BRUCE J  
226 S RIDGEWOOD DR  
SEBRING, FL 33870 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLER, LYNN R  
Address: 5900 HWY 17-92  
City-St-Zip: LAKE ALFRED, FL 33850

Title: ST  
Name: MILLER, CAROLYN L  
Address: 5900 HWY 17-92  
City-St-Zip: LAKE ALFRED, FL 33850

Title: V  
Name: BROZIO, DEBORAH M  
Address: 5900 HWY 17-92  
City-St-Zip: LAKE ALFRED, FL 33850

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN L MILLER

S/T

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date