2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# P98000108004

Entity Name: LONG HAMMOCK GROVE, INC.

Current Principal Place of Business:

227 EAST CRESCENT DRIVE
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 178
MOORE HAVEN, FL 33471

New Mailing Address:

FEI Number: 65-0890377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESSLEY, MICHAEL D
WEST AVE
MOORE HAVEN, FL 33471 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: COUSE, MILLER
Address: 227 EAST CRESCENT DRIVE
City-St-Zip: CLEWISTON, FL 33440

Title: PD ( ) Delete
Name: PRESSLEY, MICHAEL D
Address: WEST AVENUE
City-St-Zip: MOORE HAVEN, FL 33471

Title: ASD ( ) Delete
Name: LUNDY, ROY D JR.
Address: 305 SOUTH CR 720 SOUTHEAST
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. PRESSLEY PD 01/19/2005

Electronic Signature of Signing Officer or Director — Date