


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90096 037 \*\*\*150.00

<b>DOCUMENT # S23645</b> 1. Entity Name <b>LAKE RIDGE GROVES, INC.</b>					
Principal Place of Business <b>P.O. BOX 4134 SEBRING, FL 33871</b>			Mailing Address <b>P.O. BOX 4134 SEBRING, FL 33871</b>		
2. Principal Place of Business <b>100 DALLAS ST.</b>		3. Mailing Address <b>100 DALLAS ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>AVON PARK, FL</b>		City & State <b>AVON PARK, FL</b>		4. FEI Number <b>59-3043671</b>	
Zip <b>33825</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33825</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JACALYN H HANSEN 100 DALLAS STREET AVON PARK, FL 33825</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <u><i>Jacalyn H. Hansen</i></u> DATE: <u>4-2-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HANSEN, JACALYN H. 100 DALLAS STREET AVON PARK, FL 33825		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANSEN, JACALYN H. 100 DALLAS STREET AVON PARK, FL 33825		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Jacalyn H. Hansen</i></u> <b>JACALYN H. HANSEN</b> DATE: <u>4-2-05</u> DAYTIME PHONE #: <u>(863)452-6361</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					