

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90033 027 ***150.00

DOCUMENT # V09911

1. Entity Name
LAKE JESSUP GROVES, INC.



Principal Place of Business
**700 W FIRST STREET
SANFORD, FL 32771 US**

Mailing Address
**700 W FIRST STREET
SANFORD, FL 32771 US**

00000000



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3110551

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, GEORGE B
700 W FIRST STREET
SANFORD, FL 32771**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, GEORGE B
STREET ADDRESS	700 W FIRST STREET
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VT
NAME	BALES, JEFFREY C
STREET ADDRESS	2910 W LAKE MARY BLVD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	LINGLE, G. KURT
STREET ADDRESS	111 LOCK ARBOR CT.
CITY-ST-ZIP	SANFORD, FL
TITLE	VPS
NAME	TRAMMELL, JOE B (Tramp II)
STREET ADDRESS	720 N RIO GRANDE AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 Date

407-323-3660 Daytime Phone #