

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284648

Entity Name: SMOAK GROVES, INC.**Current Principal Place of Business:**1025 COUNTY ROAD 17 N
LAKE PLACID, FL 33852**Current Mailing Address:**1025 COUNTY ROAD 17 N
LAKE PLACID, FL 33852 US**FEI Number:** 59-1082258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMOAK III, JOHN F
1025 COUNTY ROAD 17 N
LAKE PLACID, FL 33852 US*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**Officer/Director Detail :**

Title	SD
Name	SMOAK, PHILIP L
Address	6781 STATE ROAD 66
City-State-Zip:	ZOLFO SPRINGS FL 33890

Title	D
Name	SMOAK, EDWARD L
Address	220 HUNTLEY OAKS BLVD
City-State-Zip:	LAKE PLACID FL 33852

Title	DVP
Name	SMOAK, EDWARD L JR.
Address	1025 COUNTY RD 17 NORTH
City-State-Zip:	LAKE PLACID FL 33852

Title	D
Name	SMOAK, JOHN F JR.
Address	6995 STATE ROAD 66
City-State-Zip:	ZOLFO SPRINGS FL 33890

Title	TD
Name	PRICE, SAMANTHA S
Address	236 HUNTLEY OAKS BLVD
City-State-Zip:	LAKE PLACID FL

Title	PD
Name	SMOAK, JOHN F III
Address	1025 COUNTY ROAD 17 NORTH
City-State-Zip:	LAKE PLACID FL 33852

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: JOHN SMOAK III**PRESIDENT****01/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date