


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 126906 1. Entity Name LAKE BUTLER GROVES, INC.	
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Principal Place of Business 13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN, FL 34777 US	Mailing Address 13100 W COLONIAL DR P O BOX 770338 WINTER GARDEN, FL 34777 US
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**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0623383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, REX V  
11340 LAKE BUTLER BLVD  
WINDERMERE, FL 34786

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RIFFLE, THOMAS R. 520 N ORLANDO AVE # 14 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCPHERSON, JOHN R 1110 W IVANHOE BLVD #15 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, LAURA D 2696 SW GREENWICH WAY PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCPHERSON, REX V 11340 LAKE BUTLER RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERBER, KEENE M. 74 HICKORY DR HIGHLANDS, NC 28741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000109725  
04/12/04-80054-025 150.00

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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: Thomas R. Riffle THOMAS R. RIFFLE 04/10/04 (407) 656-2291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #