


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 045 ***150.00

DOCUMENT # 126906
 1. Entity Name
LAKE BUTLER GROVES, INC.



Principal Place of Business Mailing Address
13100 W COLONIAL DR **13100 W COLONIAL DR**
P O BOX 770338 **P O BOX 770338**
WINTER GARDEN, FL 34777 US **WINTER GARDEN, FL 34777 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

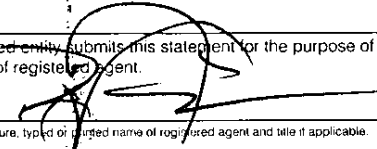
02132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-0623383 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCPHERSON, REX V 11340 LAKE BUTLER BLVD WINDERMERE, FL 34786		Name MCPHERSON, REX V	
		Street Address (P.O. Box Number is Not Acceptable) 100 S EOLA DR #710	
		City ORLANDO FL Zip Code 32801	

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  **Rex V. McPherson, II, President** 04/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIFFLE, THOMAS R.			NAME			
STREET ADDRESS	10 NORTH SUMMERLIN AVE #54			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32801			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCPHERSON, JOHN R			NAME			
STREET ADDRESS	1110 W IVANHOE BLVD #15			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBERT, LAURA D			NAME			
STREET ADDRESS	2696 SW GREENWICH WAY			STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCPHERSON, REX V			NAME	MCPHERSON, REX V		
STREET ADDRESS	11340 LAKE BUTLER RD			STREET ADDRESS	100 S EOLA DR #710		
CITY-ST-ZIP	WINDERMERE, FL 34786			CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERBER, KEENE M.			NAME			
STREET ADDRESS	74 HICKORY DR			STREET ADDRESS			
CITY-ST-ZIP	HIGHLANDS, NC 28741			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **Rex V. McPherson, II** 04/10/07 (407) 656-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #