

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H04430**

1. Entity Name  
 LAKE BOTTOM, INC.



Principal Place of Business  
 % JOHN W. GLOTFELTY  
 2233 NOTTINGHAM ROAD  
 LAKELAND, FL 33803

Mailing Address  
 % JOHN W. GLOTFELTY  
 2233 NOTTINGHAM ROAD  
 LAKELAND, FL 33803



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2484189</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GLOTFELTY, JOHN W.  
 2233 NOTTINGHAM RD.  
 LAKELAND, FL 33803

**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, 2008 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	DP GLOTFELTY, JOHN W. 2233 NOTTINGHAM RD. LAKELAND, FL 338033527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, IVAN H., JR. 2247 NOTTINGHAM RD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/30/08-80029-009 150.00

**DO NOT WRITE IN THIS SPACE**

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 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

*John W. Glotfelty*

25 April 08  
Date

Daytime Phone #