

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # H95279**

1. Entity Name  
**LAKEWOOD GARDENS, INC.**



Principal Place of Business

**401-531 BANKS RD  
MARGATE, FL 33314**

Mailing Address

**C/O JOSEPH COSBY  
4230 SW 53 AVE  
DAVIE, FL 33314**



05042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1760736**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**COSBY, JOSEPH  
4230 SW 53 AVENUE  
DAVIE, FL 33314**

**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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000764205  
05/30/07-80047-024 550.00

10. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | VP                     |
| NAME            | COSBY, J               |
| STREET ADDRESS  | 3760 SW 59TH AVE APT 2 |
| CITY - ST - ZIP | DAVIE, FL              |
| TITLE           | T                      |
| NAME            | DARCH, ARTHUR JR       |
| STREET ADDRESS  | 2700 SE 13TH CT        |
| CITY - ST - ZIP | POMPANO BCH, FL        |
| TITLE           |                        |
| NAME            |                        |
| STREET ADDRESS  |                        |
| CITY - ST - ZIP |                        |
| 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 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:**

*Joseph Cosby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07 154-  
245-6205  
Date Daytime Phone #