

2006 FOR PROFIT CORPORATION ANNUAL REPORT


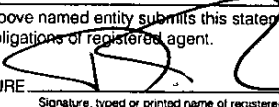
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Apr 11, 2006 8:00 am
Secretary of State

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02102006 Chg-P CR2E034 (11/05)

DOCUMENT # K66948			
1. Entity Name LAKE RIDGE DEVELOPMENT COMPANY			
Principal Place of Business 3115 DIXIE HWY. N.E. PALM BAY, FL 32905		Mailing Address 3115 DIXIE HWY. N.E. PALM BAY, FL 32905	
2. Principal Place of Business <i>3160 DIXIE HWY N.E.</i>		3. Mailing Address <i>3160 DIXIE HWY. N.E.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>PALM BAY FL.</i>		City & State <i>PALM BAY, FL.</i>	
Zip <i>32905</i>	Country <i>US</i>	Zip <i>32905</i>	Country <i>US</i>
4. FEI Number 59-2931567		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 PENCE, ROY 3115 DIXIE HWY. N.E. PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3160 DIXIE HWY N.E.</i> City <i>PALM BAY</i> FL Zip Code <i>32905</i>	
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  DATE <i>4/6/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PENCE, ROY J. 3115 DIXIE HWY NE PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3160 DIXIE HWY N.E</i> <i>PALM BAY, FL.</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PENCE, HERSCHEL 3115 DIXIE HWY NE PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3160 DIXIE HWY. NE</i> <i>PALM BAY, FL</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PENCE, ROY J 3115 DIXIE HWY NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3160 DIXIE HWY. N.E.</i> <i>PALM BAY, FL</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date <i>4/6/06</i> Daytime Phone # <i>(321) 723-6102</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			