

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90151 027 \*\*\*150.00

<b>DOCUMENT # K66948</b> 1. Entity Name <b>LAKE RIDGE DEVELOPMENT COMPANY</b>	
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Principal Place of Business <b>3160 DIXIE HWY. N.E. PALM BAY, FL 32905</b>	Mailing Address <b>3160 DIXIE HWY. N.E. PALM BAY, FL 32905</b>
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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



04092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2931567</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**PENCE, ROY**  
**3160 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) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	PENCE, ROY J.
STREET ADDRESS	3160 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	PENCE, HERSCHEL
STREET ADDRESS	3160 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	ST <input type="checkbox"/> Delete
NAME	PENCE, ROY J
STREET ADDRESS	3160 DIXIE HWY NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>DV</i>
STREET ADDRESS	<i>PENCE, ALENE</i>
CITY-ST-ZIP	<i>3160 DIXIE HWY N.E. PALM BAY, FL 32905</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:** \_\_\_\_\_ **4/12/07** (321) 723-6107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #