2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007217

1. Entity Name
KEEP LAKE PLACID BEAUTIFUL, INC.

Principal Place of Business	Mailing Address
401 DAL HALL BOULEVARD LAKE PLACID, FL	18 N OAK STREET LAKE PLACID, FL 33852

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01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
42-1551360
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, BERT J
401 DAL HALL BOULEVARD
LAKE PLACID, FL

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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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, BERT III
STREET ADDRESS	401 DAL HALL BLVD
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	PHYPERS, CAROLYN
STREET ADDRESS	705 CR 621 E
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	ST
NAME	MAY, EILEEN
STREET ADDRESS	18 N OAK STREET
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	AT
NAME	CLINARD, JIM
STREET ADDRESS	600 U.S. 27 N
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	EISENHART, MIKE
STREET ADDRESS	901 SR 70
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	CLARE, MARYEL
STREET ADDRESS	18 N OAK STREET
CITY-ST-ZIP	LAKE PLACID, FL 33852

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04/22/06-80045-016 61.25

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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 617, 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: E M May Eileen M. May 4/3/06 (863) 465-4331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #