2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000007217

Entity Name: KEEP LAKE PLACID BEAUTIFUL, INC.

Current Principal Place of Business:

401 DAL HALL BOULEVARD
LAKE PLACID, FL

New Principal Place of Business:

401 DAL HALL BOULEVARD
LAKE PLACID, FL 33852

Current Mailing Address:

18 N OAK STREET
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 42-1551360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HARRIS, BERT III	
Address:	401 DAL HALL BLVD	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VP	( ) Delete
Name:	PHYPERS, CAROLYN	
Address:	705 CR 621 E	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	ST	( ) Delete
Name:	MAY, EILEEN	
Address:	18 N OAK STREET	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	AT	( ) Delete
Name:	CLINARD, JIM	
Address:	600 U.S. 27 N	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	EISENHART, MIKE	
Address:	901 SR 70	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	TANNER, MARY	
Address:	18N IOAK STREET	
City-St-Zip:	LAKE PLACID, FL 33852	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN MAY ST 04/30/2009

Electronic Signature of Signing Officer or Director — Date