

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032786

FILED  
Aug 29, 2006  
Secretary of State

Entity Name: LAKE FRON, INC.

**Current Principal Place of Business:**

COUNTY ROAD 318  
ORANGE LAKE, FL 32681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 548  
ORANGE LAKE, FL 32681

**New Mailing Address:**

FEI Number: 59-3649109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKS, DANIEL  
421 SOUTH PINE AVENUE  
OCALA, FL 34474 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHIOTA, THOMAS A  
Address: 820 NE 120TH PL  
City-St-Zip: OCALA, FL 34479

Title: DV ( ) Delete  
Name: O'FARRELL, J. MICHAEL JR.  
Address: 2000 N.W. 95TH STREET  
City-St-Zip: OCALA, FL 34475

Title: DST ( ) Delete  
Name: VANLANGENDONCK, ARTHUR F  
Address: 9180 N.W. 160TH AVENUE  
City-St-Zip: MORRISTON, FL 32668

Title: DCOB ( ) Delete  
Name: CASSE, NORMAN E  
Address: 14303 N. MAGNOLIA AVE.  
City-St-Zip: CITRA, FL 32113

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A CHIOTA

PRES

08/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date