

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032786

FILED
Jan 16, 2009
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: PO BOX 4709
City-St-Zip: OCALA, FL 34478

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

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

Title: STD () Delete
Name: SILVER, STEVEN
Address: 1932 CLATTER BRIDGE ROAD
City-St-Zip: OCALA, FL 34471

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 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

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date