

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014100

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKE PSYCHOEDUCATIONAL CENTER, INC.

Current Principal Place of Business:

316 BRIMMING LAKE RD
CLERMONT, FL 34715

New Principal Place of Business:

316 BRIMMING LAKE RD
MINNEOLA, FL 34715

Current Mailing Address:

316 BRIMMING LAKE RD
CLERMONT, FL 34715

New Mailing Address:

316 BRIMMING LAKE RD
MINNEOLA, FL 34715

FEI Number: 20-4220282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, GRACE
316 BRIMMING LAKE RD
CLERMONT, FL 34715 US

Name and Address of New Registered Agent:

PENA, GRACE
316 BRIMMING LAKE RD
MINNEOLA, FL 34715 US

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

04/30/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PENA, GRACE
Address: 316 BRIMMING LAKE RD
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENA, GRACE
Address: 316 BRIMMING LAKE RD
City-St-Zip: MINNEOLA, FL 34715

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: GRACE PENA

Electronic Signature of Signing Officer or Director

PRES

04/30/2009

Date