

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014100

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** LAKE PSYCHOEDUCATIONAL CENTER, INC.

**Current Principal Place of Business:**

316 BRIMMING LAKE RD  
MINNEOLA, FL 34715

**New Principal Place of Business:**

600 N. HWY 27  
SUITE # 1  
MINNEOLA, FL 34715

**Current Mailing Address:**

316 BRIMMING LAKE RD  
MINNEOLA, FL 34715

**New Mailing Address:**

**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  
MINNEOLA, FL 34715    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:** P  
**Name:** PENA, GRACE  
**Address:** 316 BRIMMING LAKE RD  
**City-St-Zip:** MINNEOLA, FL 34715

I hereby 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 all other like empowered.

SIGNATURE: GRACE PENA

PRES

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date