


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

|  |                                   |                     |  |  |  |
|--|-----------------------------------|---------------------|--|--|--|
| <b>DOCUMENT # P98000082971</b><br>1. Entity Name<br><b>LACEWELL ENTERPRISES, INC.</b>  |                                   |                     |  |   |  |
| Principal Place of Business<br><b>601 ILLINOIS AVE<br/>LYNN HAVEN FL 32444</b>   |                                   |                     | Mailing Address<br><b>601 ILLINOIS AVE<br/>LYNN HAVEN FL 32444</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc. |  |  |  |
| City & State   |                                   | City & State        |  |  |  |
| Zip  | Country                           | Zip                 | Country  | 4. FEI Number <b>59-3541984</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                   |                     |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |                                   |                     | 7. Name and Address of New Registered Agent  |  |  |
| <b>LACEWELL, CECELIA F<br/>601 ILLINOIS AVE<br/>LYNN HAVEN FL 32444</b>  |                                   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                                   |                     |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>  |                                   |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                                   |                     | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       |  |  |
| 10. OFFICERS AND DIRECTORS   |                                   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE  | D <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>LACEWELL, JOHN K</b>           |                     | NAME   |  |  |
| STREET ADDRESS   | <b>601 ILLINOIS AVE</b>           |                     | STREET ADDRESS   |  |  |
| CITY ST ZIP  | <b>LYNN HAVEN FL 32444</b>        |                     | CITY ST ZIP  |  |  |
| TITLE  | D <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>LACEWELL, CECELIA F</b>        |                     | NAME   |  |  |
| STREET ADDRESS   | <b>601 ILLINOIS AVE</b>           |                     | STREET ADDRESS   |  |  |
| CITY ST ZIP  | <b>LYNN HAVEN FL 32444</b>        |                     | CITY ST ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete   |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                   |                     | NAME   |  |  |
| STREET ADDRESS   |                                   |                     | STREET ADDRESS   |  |  |
| CITY ST ZIP  |                                   |                     | CITY ST ZIP  |  |  |
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| CITY ST ZIP  |                                   |                     | CITY ST ZIP  |  |  |
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| STREET ADDRESS   |                                   |                     | STREET ADDRESS   |  |  |
| CITY ST ZIP  |                                   |                     | CITY ST ZIP  |  |  |
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| NAME   |                                   |                     | NAME   |  |  |
| STREET ADDRESS   |                                   |                     | STREET ADDRESS   |  |  |
| CITY ST ZIP  |                                   |                     | CITY ST ZIP  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                   |                     |  |  |  |
| <b>SIGNATURE:</b> <i>Cecelia F. Lacewell</i> ( <b>CECELIA F. LACEWELL</b> )  |                                   |                     | 1/22/07 <span style="float: right;">850-245-1035</span>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   |                     | Date Daytime Phone #   |  |  |

