

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094457

FILED
Jan 07, 2011
Secretary of State

Entity Name: LAKE MASTERS AQUATIC WEED CONTROL, INC.

Current Principal Place of Business:

4386 SW PORT WAY
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2300
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 59-3541068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E 6TH AVE.
TALLAHASSEE, FL 32303 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

OFFICERS AND DIRECTORS:

Title: PTSD
Name: COHEN, STUART R
Address: 1963 NW 22 ST.
City-St-Zip: STUART, FL 34994 US

Title: D
Name: ALEX, THOMAS R
Address: 11600 AUDUBOND LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: VPD
Name: MARTIN, MICHAEL D
Address: 6180 IDLEWILD STREET
City-St-Zip: FORT MYERS, FL 33966 US

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: STUART R. COHEN

PRES

01/07/2011

Electronic Signature of Signing Officer or Director

Date