

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000113251**

1. Entity Name  
**LAKEUKA INC.**



Principal Place of Business  
**9745 N. MARINA DR  
SEBASTIAN, FL 32958**

Mailing Address  
**9745 N. MARINA DR  
SEBASTIAN, FL 32958**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3685150**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GILSON, EUGENE  
9745 N MARINA DRIVE  
SEBASTIAN, FL 32958**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GILSON, JACKLYN
STREET ADDRESS	9745 N. MARINA
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	D
NAME	GILSON, GREGORY
STREET ADDRESS	338 CORAL ST
CITY-ST-ZIP	VENICE, FL 34285
TITLE	D
NAME	GILSON, LYNNE
STREET ADDRESS	830 FULTON ST
CITY-ST-ZIP	REDWOOD CITY, CA 94061
TITLE	D
NAME	GILSON, JENNIFER
STREET ADDRESS	1 HUGO CT.
CITY-ST-ZIP	SILVER SPRINGS, MD 20908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE: JACKLYN GILSON** *Jacklyn H Gilson* 1/08/07 772-388-2975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHK # 263