

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000027821

1. Entity Name
LAKE ROSEMARY ESTATES, INC.



Principal Place of Business
43 LAIRD RD
CRESTVIEW, FL 32539 US

Mailing Address
43 LAIRD RD
CRESTVIEW, FL 32539 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0399119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERMENTER, R. DOUGLAS
43 LARD RD
CRESTVIEW, FL 32539

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000785135
01/16/08 00004 007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERMENTER, R. DOUGLAS
STREET ADDRESS	43 LARD RD
CITY- ST- ZIP	CRESTVIEW, FL 32539

TITLE	VPD
NAME	PERMENTER, WILLIAM D SR
STREET ADDRESS	110 CHANTECLAIRE CIR
CITY- ST- ZIP	GULF BREEZE, FL 32561

TITLE	STD
NAME	PERMENTER, ELIZABETH
STREET ADDRESS	110 CHANTECLAIRE CIR
CITY- ST- ZIP	GULF BREEZE, FL 32561

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *R Douglas Permenter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08
Date

850-892-2103
Daytime Phone *