2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94769

Name:

Address:

City-St-Zip:

SURFACE, J. FRANK JR.

JACKSONVILLE, FL 32204

1021 OAK STREET

FILED Mar 18, 2008 Secretary of State

Entity Nan	ne: LAKESHOR	E HIGH & DRY, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1021 OAK : JACKSON	STREET VILLE, FL 32204	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1021 OAK JACKSON	STREET VILLE, FL 32204	US			
FEI Number:	59-2895056	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SURFACE, J. FRANK JR. 1021 OAK STREET JACKSONVILLE, FL 32204 US			1021 OAK STREET	SANTA ROSA ISLAND COMPANY, INC. 1021 OAK STREET JACKSONVILLE, FL 32204 US	
The above in the State		omits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DAVID K SURFACE				03/18/2008	
	Electronic	Signature of Registered Age	ent	Date	
Election Carr	npaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () De SURFACE, J. FRA 1021 OAK STREE JACKSONVILLE, F	NK III T	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De SIMPSON, BRYAN 1061 RIVERSIDE A JACKSONVILLE, F	JR. AVE, 2ND FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST ()De	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID K SURFACE MGR 03/18/2008