


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90046 023 ***150.00

DOCUMENT # 572431 1. Entity Name LAKE PICKETT PROPERTIES, INC.	
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Principal Place of Business 110 E. BROADWAY P.O. BOX 620789 OVIEDO, FL 32765 US	Mailing Address 110 E. BROADWAY P.O. BOX 620789 OVIEDO, FL 32762 US
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1826194	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

EVANS, CHARLES W
110 E. BROADWAY
P.O. BOX 620789
OVIEDO, FL 32765

**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 Charles W. Evans CHARLES W. EVANS 4-14-08
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, BENJAMIN F. III 110 E. BROADWAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GEORGE 110 E. BROADWAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, MIRIAM 110 E. BROADWAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JOHN W. JR. 110 E. BROADWAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EVANS, ARTHUR FRANK 110 E. BROADWAY OVIEDO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, CHARLES W. 110 E. BROADWAY OVEIDO, FL

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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 life empowered.

SIGNATURE Charles W. Evans CHARLES W. EVANS 4-14-08 407-3656231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #