

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094457

Entity Name: LAKE MASTERS AQUATIC WEED CONTROL, INC.

Current Principal Place of Business:

4386 SW PORT WAY
PALM CITY, FL 34990

Current Mailing Address:

P.O. BOX 2300
PALM CITY, FL 34991

FEI Number: 59-3541068

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

PRESIDENT

02/02/2016

Electronic Signature of Signing Officer/Director Detail

Date