

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90034 033 ***150.00

DOCUMENT # 196424 1. Entity Name LAKE PLACID HOLDING CO					
Principal Place of Business 410 WASHINGTON BLVD., NW LAKE PLACID, FL 33852			Mailing Address 410 WASHINGTON BLVD., NW LAKE PLACID, FL 33852		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01232006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-6064150	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOBLER, ROLAND 410 WASHINGTON BLVD. NW LAKE PLACID, FL 33852			Name Peggy Ann Brewer Street Address (P.O. Box Number is Not Acceptable) 410 Washington Blvd NW City Lake Placid FL Zip Code 33852		
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 <i>Peggy Ann Brewer</i> Peggy Ann Brewer, VPS 4/25/06 Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS ☒ Delete ☐ Add					
TITLE PD NAME TOBLER, ROLAND STREET ADDRESS 410 WASHINGTON BLVD. NW CITY-ST-ZIP LAKE PLACID, FL 33852		TITLE PD NAME Laura Elowsky STREET ADDRESS 410 Washington Blvd NW CITY-ST-ZIP Lake Placid, FL 33852			
TITLE VD NAME SCOTT HUTCHINS STREET ADDRESS 1600 LAKE JONE RD W CITY-ST-ZIP LAKE PLACID, FL		TITLE VP5 D NAME VP5 D STREET ADDRESS VP5 D CITY-ST-ZIP VP5 D			
TITLE STD NAME PEGGY ANN BREWER STREET ADDRESS 405 FLAMINGO RD. NE CITY-ST-ZIP LAKE PLACID, FL 33852		TITLE TD NAME TD STREET ADDRESS TD CITY-ST-ZIP TD			
TITLE D NAME KING LARRY, STREET ADDRESS P.O. BOX 780459 CITY-ST-ZIP ORLANDO, FL 328780459		TITLE VP5 D NAME VP5 D STREET ADDRESS VP5 D CITY-ST-ZIP VP5 D			
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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 like empowered.					
SIGNATURE <i>Peggy Ann Brewer</i> Peggy Ann Brewer VRS 4/25/06 Signature, type or print name of signing officer or director		Date 4/25/06 Daytime Phone # 863-465-0345			