

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 238937

Entity Name

WERNER LAKES ESTATES, INC.



1. Principal Place of Business

1186 BAY GROVE RD  
FREEPORT FL 32439

Mailing Address

1186 BAY GROVE RD  
FREEPORT FL 32439  
US

2. Principal Place of Business

3. Mailing Address

4. Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1002162

Applied For  
Not Applicable

Country

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, HENRY D  
1186 BAY GROVE RD  
FREEPORT FL 32439

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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 acknowledge 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, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May  
Added to Fee

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/>	P	<input type="checkbox"/> Delete
ADDRESS	MORRIS, HENRY D	
CITY-STATE-ZIP	1186 BAY GROVE RD FREEPORT FL	
<input type="checkbox"/>	S	<input type="checkbox"/> Delete
ADDRESS	MORRIS, MAGGIE R	
CITY-STATE-ZIP	1186 BAY GROVE RD FREEPORT FL	
<input type="checkbox"/>	V	<input type="checkbox"/> Delete
ADDRESS	GAMBLE, LARRY JOE	
CITY-STATE-ZIP	3130 WEST 20TH CT PANAMA CITY FL	
<input type="checkbox"/>		<input type="checkbox"/> Delete
ADDRESS		
CITY-STATE-ZIP		
<input type="checkbox"/>		<input type="checkbox"/> Delete
ADDRESS		
CITY-STATE-ZIP		
<input type="checkbox"/>		<input type="checkbox"/> Delete
ADDRESS		
CITY-STATE-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000396249  
01/30/06-80002-001 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LARRY J. GAMBLE V.P.

1-18-06 850-835-425