


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 023 ***158.75

DOCUMENT # 281120		
1. Entity Name LAKE HAVEN MOBILE SALES, INC.		
Principal Place of Business 93 EAST WINDS COURT PALM HARBOR FL 34683 US		Mailing Address 93 EAST WINDS COURT PALM HARBOR FL 34683 US
2. Principal Place of Business 34140 S.R. 54	3. Mailing Address 34140 S.R. 54	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



1st MOORE CR2E034 (10/05)

City & State Zephyrhills Fla		City & State Zephyrhills Fla		4. FEI Number 59-1050718	Applied For <input type="checkbox"/> Not Applicable
Zip 33543	Country USA	Zip 33543	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDANIEL, JAMES E 1415 MAIN ST., #501 DUNEDIN FL 34698				7. Name and Address of New Registered Agent Name Jim L Stetler Street Address (P.O. Box Number is not Acceptable) 34140 S.R. 54 City Zephyrhills FL Zip Code 33543	
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 Jim L Stetler - Sec. (NOTE: Registered Agent signature required when reinstating) DATE 2-14-06					

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDANIEL, JAMES E. 501 LAKE HAVEN PARK DUNEDIN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STETLER, JIM L 93 EAST WINDS COURT PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STETLER, JIM L 93 EAST WINDS COURT PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jim L Stetler - Sec.** **2-14-06** **813-782 8550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #