

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90016 024 \*\*\*150.00

40035920



<b>DOCUMENT # 292290</b> 1. Entity Name <b>LIGHTHOUSE TERRACE, INC.</b>					
Principal Place of Business <b>2200 NE 36 ST.</b> <b>LIGHTHOUSE POINT, FL 33064 US</b>			Mailing Address <b>2200 NE 36 ST.</b> <b>LIGHTHOUSE POINT, FL 33064 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State -		City & State -		4. FEI Number <b>59-1791179</b>	
Zip -		Country -		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARCELLA, BETTY</b> <b>2204 NE 36TH STRETE</b> <b>APT 26</b> <b>LIGHTHOUSE POINT, FL 33064</b>				7. Name and Address of New Registered Agent  Name <b>- LARRY E SCHNER, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>-750 S DIXIE HIGHWAY</b> City <b>- BOCA RATON, FL</b> Zip Code <b>-33432</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>MARCH 12, 2007</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE P NAME DIVISEK, FAITH STREET ADDRESS 2160 36TH ST APT 32 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE P NAME CHUCK O'NEAL STREET ADDRESS <del>2202 NE 36TH STREET APT 22</del> <b>101 STAG RIDGE CT.</b> CITY-ST-ZIP <del>LIGHTHOUSE POINT, FLORIDA 33064</del> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KASTELIC, DOLLY STREET ADDRESS 2200 NE 36TH ST APT 24 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE V NAME RONYAK, WILLIAM STREET ADDRESS 2130 NE 36TH STREET APT 61 CITY-ST-ZIP LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SMITH, MARJANE STREET ADDRESS 2202 NE 36TH STREET APT 19 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE T NAME ROBERTSON, JEFF STREET ADDRESS 2202 NE 36TH STREET APT 15 CITY-ST-ZIP LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CRABTREE, ELLEN STREET ADDRESS 2202 NE 36TH ST APT 39 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE S NAME HIRSCHMAN, PATRICIA STREET ADDRESS 2204 NE 36TH STREET APT 30 CITY-ST-ZIP LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME ARCELLA, BETTY STREET ADDRESS 2204 NE 36TH ST APT 26 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE D NAME SMITH, MARJANE STREET ADDRESS 2202 NE 36TH STREET APT 19 CITY-ST-ZIP LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PALDINO, PETER STREET ADDRESS 2202 NE 36TH STREET APT 23 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete		TITLE D NAME PALDINO, ANTHONY STREET ADDRESS 2160 NE 36TH STREET APT 39 CITY-ST-ZIP LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>2/24/07</b> <small>Date</small>	

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT ATTACHMENT

LIGHTHOUSE TERRACE, INC.

40035920

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D				
NAME	GROSS, NORMAN	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION		
STREET ADDRESS	2204 NE 36 <sup>TH</sup> STREET APT 28				
CITY-ST-ZIP	LIGHTHOUSE POINT, FLORIDA				
TITLE	D				
NAME	CAPELLO, PETER	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION		
STREET ADDRESS	2130 NE 36 <sup>TH</sup> STREET APT 66				
CITY-ST-ZIP	LIGHTHOUSE POINT, FLORIDA				
TITLE					
NAME		<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION		
STREET ADDRESS					
CITY-ST-ZIP					
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