


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 307756</b>	
1. Entity Name LAKE MECHANICAL CONTRACTORS, INC.	

Principal Place of Business 343 NO. BAY ST P.O. BOX 1924 EUSTIS, FL 32727 US	Mailing Address 343 NO. BAY ST P.O. BOX 1924 EUSTIS, FL 32727 US
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04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1146650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

SMITH, JOHN B.  
343 N. BAY STREET  
EUSTIS, FL 32726

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>	U00000934046 05/23/08-00016-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SMITH, JOHN B. 812 JEFFRIES CT. EUSTIS FLA.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD SMITH, EVELYN 812 JEFFRIES CT. EUSTIS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP JOHANSEN, BRUCE 3102 GARDEN ROAD EUSTIS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AST ALDERMAN, MICHELE M. 7360 OLA CIRCLE TANGERINE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Michael Murchison* 4/2/08 352/357-3134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Asst Sec/Treas*