

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 322508

1. Entity Name
LAKEWOOD ACRES, INC.



Principal Place of Business
6909 BEACH BLVD, LEISURE BEACH
HUDSON, FL 34667

Mailing Address
6909 BEACH BLVD, LEISURE BEACH
HUDSON, FL 34667



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1226821

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEAN, B E
8031 ISLAND DRIVE
PORT RICHEY, FL 34668

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000218731
02/07/05-80076-013 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DEAN, B E 817 ISLAND DRIVE PORT RICHEY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PAXTON, PAULA D 6909 BEACH BLVD HUDSON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DINGUS, FRANCES M 6909 BCH BLVD, LEISURE BC HUDSON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, JENNIFER M. 6909 BEACH BLVD HUDSON, FL 34667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAXTON, JAMES N 6909 BEACH BLVD HUDSON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD PAXTON, JAMES N 6909 BEACH BLVD. HUDSON, FL 34667 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05

Date

Daytime Phone #