

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2006 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



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1226821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000382273  
01/11/06-80089-012 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06

Date

Daytime Phone #