

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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**



01172007 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000598159
01/24/07-80064-016 150.00**

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

James N. Paxton

1/17/07

Date

(727) 863-2524

Daytime Phone #