

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
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**



03082008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

000000866931
04/08/08-80049-025 150.00

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 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

Date

Daytime Phone #

3-20-08

(727) 863-1524