2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# 322508

Entity Name: LAKEWOOD ACRES, INC.

Current Principal Place of Business:

6909 BEACH BLVD, LEISURE BEACH
HUDSON, FL 34667

New Principal Place of Business:

6909 BEACH BLVD,
HUDSON, FL 34667

Current Mailing Address:

6909 BEACH BLVD, LEISURE BEACH
HUDSON, FL 34667

New Mailing Address:

6909 BEACH BLVD,
HUDSON, FL 34667

FEI Number: 59-1226821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEAN,B E,
Address: 817 ISLAND DRIVE
City-St-Zip: PORT RICHEY, FL

Title: TD ( ) Delete
Name: PAXTON, PAULA D,
Address: 6909 BEACH BLVD
City-St-Zip: HUDSON, FL

Title: VD ( ) Delete
Name: DINGUS, FRANCES M,
Address: 6909 BCH BLVD,LEISURE BC
City-St-Zip: HUDSON, FL

Title: S ( ) Delete
Name: SMITH, JENNIFER M.
Address: 6909 BEACH BLVD
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: PAXTON, JAMES N
Address: 6909 BEACH BLVD
City-St-Zip: HUDSON, FL

Title: ASD ( ) Delete
Name: PAXTON, JAMES N
Address: 6909 BEACH BLVD.
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEAN,B E,
Address: 8031 ISLAND DRIVE
City-St-Zip: PORT RICHEY, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. PAXTON D 02/17/2009
Electronic Signature of Signing Officer or Director Date