

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 333055

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: LAKEVIEW FARMS, INC.

**Current Principal Place of Business:**

281 CARISSA DRIVE  
P.O. BOX 200  
PAHOKEE, FL 33476

**New Principal Place of Business:**

800 MCCLURE ROAD  
PAHOKEE, FL 33476

**Current Mailing Address:**

281 CARISSA DRIVE  
P.O. BOX 200  
PAHOKEE, FL 33476

**New Mailing Address:**

P.O. BOX 200  
PAHOKEE, FL 33476

FEI Number: 59-1216828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SODDERS, MARK T  
800 MCCLURE ROAD  
PAHOKEE, FL 33476 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: SODDERS, MARK T  
Address: 800 MCCLURE ROAD  
City-St-Zip: PAHOKEE, FL

Title: VD ( ) Delete  
Name: APELGREN,VIRGINIA M  
Address: 800 MCCLURE ROAD  
City-St-Zip: PAHOKEE, FL

Title: ST ( ) Delete  
Name: APLEGREN, DALLAS  
Address: 800 MCCLURE RD  
City-St-Zip: PAHOKEE, FL 33476

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARK T SODDERS

PD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date