

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 340211

1. Entity Name

LAKESHORE RESTAURANT, INC.



FILED

2005 OCT 21 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05

Principal Place of Business  
1800 NORHEAST 42ND TERRACE  
OKEECHOBEE FL 34972

Mailing Address  
1800 NORHEAST 42ND TERRACE  
OKEECHOBEE FL 34972

2. Principal Place of Business

1800 NE 42nd Ter

3. Mailing Address

P.O. Box 922

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee

City & State

Okeechobee FL

Zip

34972

Country

USA

Zip

34973

Country

USA

4. FEI Number

59-1226822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOREE, HELEN A.  
1800 NORTHEAST 42ND TERRACE  
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Helen Boree

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY: September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00

late fee. By checking this box, the corporation certifies it

did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing \$5.00 May Be

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BOREE, HELEN A.  
STREET ADDRESS 1800 N.E. 42ND TERRACE  
CITY-ST-ZIP OKEECHOBEE FL

TITLE ST  
NAME BOREE, JAMES E.  
STREET ADDRESS 1800 N.E. 42ND TERRACE  
CITY-ST-ZIP OKEECHOBEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400060459304  
10/10/05--01080--013 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400060459304  
10/21/05--01029--021 \*\*600.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Helen Boree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-05

Date

8637634502

Daytime Phone #