

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 351074

Entity Name: LAGOON PARK INC

FILED  
Mar 08, 2006  
Secretary of State

## Current Principal Place of Business:

910 VILLA LAGOON DR  
TAVARES, FL 327782368 US

## New Principal Place of Business:

## Current Mailing Address:

910 VILLA LOGOON DR  
TAVARES, FL 327782368 US

## New Mailing Address:

FEI Number: 59-1286676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOMMERS, CHARLES E. JR.  
910 VILLA LAGOON DRIVE  
TAVARES, FL 32778 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: VP ( ) Delete  
Name: HENGST, RAY  
Address: 942 VILLA LAGOON DR.  
City-St-Zip: TAVARES, FL

Title: MBD ( ) Delete  
Name: LOVELL, DAVID  
Address: 926 VILLA LAGOON DR.  
City-St-Zip: TAVARES, FL

Title: DP ( ) Delete  
Name: DONCHESKI, D. M.,  
Address: 938 VILLA LAGOON DRIVE  
City-St-Zip: TAVARES, FL

Title: TSD ( ) Delete  
Name: SOMMERS, CHARLES E  
Address: 910 VILLA LAGOON DRIVE  
City-St-Zip: TAVARES, FL 32278

Title: MBD ( ) Delete  
Name: VILIET, CARL  
Address: 950 VILLA LAGOON DRIVE  
City-St-Zip: TAVARES, FL 327782368

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: HENGST, RAY  
Address: 942 VILLA LAGOON DR.  
City-St-Zip: TAVARES, FL 32778

Title: TSD (X) Change ( ) Addition  
Name: WEBB, NAN  
Address: 902 VILLA LAGOON DR.  
City-St-Zip: TAVARES, FL 32778

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

Title: MBD (X) Change ( ) Addition  
Name: SOMMERS, CHARLES E JR.  
Address: 910 VILLA LAGOON DRIVE  
City-St-Zip: TAVARES, FL 32278

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NAN WEBB

TS

03/08/2006

Electronic Signature of Signing Officer or Director

Date