

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 351074

Entity Name: LAGOON PARK INC

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

910 VILLA LAGOON DR
TAVARES, FL 327782368 US

New Principal Place of Business:

902 VILLA LAGOON DR
TAVARES, FL 32778 US

Current Mailing Address:

910 VILLA LOGOON DR
TAVARES, FL 327782368 US

New Mailing Address:

902 VILLA LOGOON DR
TAVARES, FL 32778 US

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:

WEBB, NAN
902 VILLA LAGOON DRIVE
TAVARES, FL 32778 US

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: NAN WEBB

03/01/2007

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 32778

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

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

Title: MBD () Delete
Name: SOMMERS, CHARLES E JR.
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: MBD (X) Change () Addition
Name: CASTNER, GENE
Address: 930 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

TSD

03/01/2007

Electronic Signature of Signing Officer or Director

Date