

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 376834

1. Entity Name
LAKE COUNTY SERVICE CORPORATION



Principal Place of Business
**800 NORTH BOULEVARD, WEST
LEESBURG, FL 34748**

Mailing Address
**P.O. BOX 490420
LEESBURG, FL 34749-0420 US**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1346636

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000672078
03/28/07-80054-007 750.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOORE, SARAH
STREET ADDRESS ONE COMMERCE ST
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE S
NAME RUTSCHOW, SANDRA L.
STREET ADDRESS #3 SPRING CT., THE SPRGS
CITY-ST-ZIP YALAH, FL

TITLE P
NAME KURTZ, STEPHEN T.
STREET ADDRESS 34035 PARK LANE
CITY-ST-ZIP LEESBURG, FL

TITLE SVP
NAME REIMER, DAVID
STREET ADDRESS ONE COMMERCE ST
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #