


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90108 045 ***150.00

DOCUMENT # 424311

1. Entity Name
LAKE MANOR PROPERTIES, INC.



Principal Place of Business
**13827 S INDIAN RIVER DRIVE #71
 JENSEN BEACH, FL 34957-2241**

Mailing Address
**1111 SE FEDERAL HWY
 STE 100
 STUART, FL 34994**

50013756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



02212006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1449330

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FORTE, LORRAINE
 1111 SE FEDERAL HWY
 STE 100
 STUART, FL 34994**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **TD** Delete
 NAME **PIPER, WES**
 STREET ADDRESS **13827 S INDIAN RIVER DR #58**
 CITY-ST-ZIP **JENSEN BEACH, FL 34959**

TITLE **D** Delete
 NAME **STANTON, ROSS**
 STREET ADDRESS **13827 S INDIAN RIVER DR #17**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **D** Delete
 NAME **BALDRIDGE, HENRY**
 STREET ADDRESS **13827 S INDIAN RIVER DR #20**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **SD** Delete
 NAME **LESTER, GARRA**
 STREET ADDRESS **13827 S INDIAN RIVER DR #52**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **PD** Delete
 NAME **LAWRENCE, JIM**
 STREET ADDRESS **13827 S. INDIAN RIVER DR., #61**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **VPD** Delete
 NAME **VAN CURA, EMIL**
 STREET ADDRESS **13827 S. INDIAN RIVER DR. #26**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** Change Addition
 NAME **PIPER, JAMES**
 STREET ADDRESS **13827 S. INDIAN RIVER DR # 35**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Change Addition
 NAME **King-Parry, LONA**
 STREET ADDRESS **13827 S. INDIAN RIVER DR #7**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **TD** Change Addition
 NAME **PARKER, DORA**
 STREET ADDRESS **13827 S. INDIAN RIVER DR. # 62**
 CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Emil Van Cura Resident* Date 04-10-06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR