

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 433803

1. Entity Name
LAKEWOOD MANOR, INC.



Principal Place of Business
2363 FOXWORTH DR
PANAMA CITY, FL 32405

Mailing Address
2363 FOXWORTH DR
PANAMA CITY, FL 32405

FILED
Feb 01, 2008 08:00 AM
Secretary of State



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1725476	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, JIM
2363 FOXWORTH DR
PANAMA CITY, FL 32405

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, JIM
STREET ADDRESS	2363 FOXWORTH DR
CITY-ST-ZIP	PANAMA CITY, FL 32405

TITLE	D
NAME	MULLINS, JOHN
STREET ADDRESS	324 E. 11TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401

TITLE	S
NAME	SAMPSON, ANITA
STREET ADDRESS	139 DARBY WOODS DR
CITY-ST-ZIP	LYNN HAVEN, FL 32444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08-80007-003 150.00

**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

Jim Wilson President 1-31-08

850-785 5680