

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 516033 1. Entity Name LAKESIDE GROVES, INC.	
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Principal Place of Business 11410 SWIFT WATER CR ORLANDO, FL 32817 US	Mailing Address 11410 SWIFT WATER CR ORLANDO, FL 32817 US
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DO NOT WRITE IN THIS SPACE



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1694898	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PALMER, MARY
11410 SWIFT WATER CR
ORLANDO, FL 32817**

**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 *Mary J. Palmer* DATE 2/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, MARY 11410 SWIFT WATER CR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALMER, HUGH P O BOX 2187 WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDERSON, DONALD 995 NORMAN LANE GURNEE, IL 60031
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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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: *Mary J. Palmer* 2/17/07 847.336.3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #