## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 572431**

1. Entity Name

LAKÉ PICKETT PROPERTIES, INC.



Principal Place of Business

110 E. BROADWAY P.O. BOX 620789

OVIEDO, FL 32765 US

Mailing Address

110 E. BROADWAY P.O. BOX 620789 OVIEDO, FL 32762 US

## **FILED** Feb 23, 2006 8:00 am **Secretary of State**

02-23-2006 90001 050 \*\*\*150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1826194

Not Applicable

5. Certificate of Status Desired -

\$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

EVANS, CHARLES W 110 E. BROADWAY P.O. BOX 620789 OVIEDO, FL 32765

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

EVANS, CHARLES W.

110 E. BROADWAY

OVEIDO, FL

## DO NOT WRITE IN THIS SPACE

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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, hyped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	+0.0	May Be to Fees		
10.	" OFFICERS AND DIREC	CTORS		5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, BENJAMIN F. III 110 E. BROADWAY OVIEDO, FL					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP -	D MARTIN, GEORGE 110 E. BROADWAY OVIEDO, FL			4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	en same en en same en	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, MIRIAM 110 E. BROADWAY OVIEDO, FL			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JOHN W. JR. 110 E. BROADWAY OVIEDO, FL			IN THIS	SPACE	
TITLE NAME STREET ADDRESS	DT EVANS, ARTHUR FRANK 110 E BROADWAY					

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