


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # 572431 1. Entity Name LAKE PICKETT PROPERTIES, INC. |  |
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|--|--|
| 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 |
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-1826194 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent EVANS, CHARLES W 110 E. BROADWAY P.O. BOX 620789 OVIEDO, FL 32765 |
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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 re-registering)

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUCE, MIRIAM 110 E. BROADWAY OVIEDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EVANS, JOHN W. JR. 110 E. BROADWAY OVIEDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT EVANS, ARTHUR FRANK 110 E BROADWAY OVIEDO, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, CHARLES W: 110 E. BROADWAY OVEIDO, FL |

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05/04/07-80064-002 150.00

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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:  - CHARLES W. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 407.365.6671

Date

Daytime Phone #