

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90046 023 \*\*\*150.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 572431</b>                        |  |
| 1. Entity Name<br>LAKE PICKETT PROPERTIES, INC. |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br>110 E. BROADWAY<br>P.O. BOX 620789<br>OVIEDO, FL 32765 US | Mailing Address<br>110 E. BROADWAY<br>P.O. BOX 620789<br>OVIEDO, FL 32762 US |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



02192008 No Chg-P CR2E034 (11/05)

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

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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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 Charles W. Evans CHARLES W. EVANS 4-14-08  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WHEELER, BENJAMIN F. III<br>110 E. BROADWAY<br>OVIEDO, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARTIN, GEORGE<br>110 E. BROADWAY<br>OVIEDO, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRUCE, MIRIAM<br>110 E. BROADWAY<br>OVIEDO, FL               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EVANS, JOHN W. JR.<br>110 E. BROADWAY<br>OVIEDO, FL         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>EVANS, ARTHUR FRANK<br>110 E. BROADWAY<br>OVIEDO, FL 00000, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EVANS, CHARLES W.<br>110 E. BROADWAY<br>OVEIDO, FL           |

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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 life empowered.

SIGNATURE Charles W. Evans CHARLES W. EVANS 4-14-08 407-3656231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #