## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # 580241** 04-24-2008 90100 036 \*\*\*150.00 SOUTH LAKE REALTY, INC. Mailing Address Principal Place of Business 40010-1958 BRANTLEY CIR 1958 BRANTLEY CIRCLE CLERMONT, FL 34711 CLERMONT, FL 34711 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc 22 | 5 Suite, Apt. #, etc. 2215 Cluster Oaks Drive #1 04102008 Chg-P CR2E034 (12/06) Cluster OAKS Dr #1 City & State 4. FEI Number Applied For 34711 le/mont 59-1862275 Not Applicable Country Country \$8.75 Additional ush 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 1958 BRANTLEY CIR CLERMONT, FL 34711 Drive #1 Cluster Daks 8. The above named entity submits this statement/lor egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registers ages SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** TITLE Delete TITLE ☐ Change ☐ Addition THOMPSON, ROBERT D NAME NAME 1958 BRANTLEY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34711 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empoyered 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 authors with an authors with an author of the corporation of the corporation of the receiver of trustee empowered.

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