2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 582928

1. Entity Name

SPANISH LAKES, INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

PO BOX 366879

BONITA SPRINGS, FL 34135

PO BOX 366879

BONITA SPRINGS, FL 34135

No Chg-P

CR2E034 (11/05)

04092008 4. FEI Number

Applied For Not Applicable

36-3066409

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CORPORATION SERVICE COMPANY 1201 HAYS STREET

DO NOT WRITE

TALLAHASSEE, FL 32301-2525			IN THIS SPACE			
	e named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	-
SIGNATURE	Signature, typed 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, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000910655	
10.	OFFICERS AND DIREC	CTORS			05/07/08-80010-006 150.00	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC ARDLE, DAVID A 1600 E MAIN ST, STE B SAINT CHARLES, IL 60174					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELTY, RODNEY A 1600 E MAIN ST, STE B SAINT CHARLES, IL 60174					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEWHIRST, NED E POB 366879 BONITA SPRINGS, FL 34136			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			=			
TITLE						

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description

Des