


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # 665416 1. Entity Name LAKESIDE MOBILE MANOR, INC.	
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Principal Place of Business 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436	Mailing Address 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2012554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**FRIDDLE, SUE ELLEN
8801 EAST MOONRISE LANE, LOT 18
FLORAL CITY, FL 34436**

**DO NOT WRITE
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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, GLENN H 8801 MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, LINDA M 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIDDLE, SUE ELLEN 8801 MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIDDLE, MICHAEL L 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/07-80037-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sue Ellen Friddle **SUE ELLEN FRIDDLE** 1/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352 726 2553