


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2008 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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DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2012554	Applied For 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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000869391 04/09/08-30046-016 150.00
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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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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: <i>Sue Ellen Friddle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>3-20-08</i> <i>352-726-2553</i> <small>Date Daytime Phone #</small>

Sue Ellen Friddle