2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 8:00 am Secretary of State

	ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # 666637 E LAKES, INC.			03-14-20	008 90035 030 ***15	50.00	
Principal Place of Business 2001 BRINSON RD. LUTZ, FL 33558 Mailing Address P.O. BOX 750 LAND 0 LAKES, FL 34639			9-0750	4004559	5 # 1686 81811 4184 41811 81611 81811 818	11 18: (l. 1 91):	
2. Principal P 55 Suite, Apt.	lace of Business - No P.O. Box #	3. Mailing Address Suite, Apt. #, etc.	ek Blod	02162008 Chg-P	CR2E034 (12/06)		
	elles Pank, IL		Pank FL	4. FEI Number 59-2023228	Ap	plied For t Applicable	
Zip 33	6. Name and Address of Current R	Zip 3378/	Country U.S	Certificate of Status Desire Name and Address of Ne	Fee Require	litional d	
944 39TH	IR, JOSEPH T AVE NORTH FERSBURG, FL 33703		Name Roger B. BRodeRick Street Address (P.O.) Box Number is Not Acceptable) Address (P.O.) Box Number is Not Acceptable)				
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 2/20/08							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PS LETTELLEIR, JOSEPH T 944 39TH AVE NORTH SAINT PETERSBURG, FL 33703	☐ Delata	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRODERICK, ROGER 5514 PARK BLVD PINELLAS PARK, FL 33781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESTATE OF BARRY SANTERRE 500 FIFTH AVENUE SUITE 522 NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

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 truetee 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:

RODER B. Broderick