


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 035 ****61.25

DOCUMENT # 756858 1. Entity Name LAKE BENTLEY SHORES, INC.					
Principal Place of Business 1920 EDGEWOOD DR. LAKELAND, FL 33803 US			Mailing Address 1920 EDGEWOOD DR. LAKELAND, FL 33803 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2110877	
				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			7. Name and Address of New Registered Agent		
MILLER, MARK 1 LAKE MORTON DRIVE LAKELAND, FL 33801			Name Street Address (P.O. Box Number is Not Acceptable) City		
			Zip Code <div style="text-align: right;">FL</div>		
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOBLE, FRANCES 1920 EDGEWOOD K-9 LAKELAND, FL	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN BRADSHAW 1920 EDGEWOOD DR D-8 LAKELAND FL 33803
		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, RONALD 1920 EDGEWOOD DR I-3 LAKELAND, FL 33803	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHELOCK, DANNY 750 SCOTT LAKE VILLAGE LAKELAND, FL	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELITO, MIKE 1920 EDGEWOOD DR J-2 LAKELAND, FL	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, GLORIA 1920 EDGEWOOD DR, M-4 LAKELAND, FL 33803	Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 617, 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: <u>Mike Melito</u> <u>MIKE MELITO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					