


2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/7/2006-90012-027-\$150.00-\$150.00

FILED

06 SEP 22 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002774			
1. Entity Name LAKETOWN WHARF, INC.			
Principal Place of Business 4300 LEGENDARY DRIVE, SUITE 280 DESTIN, FL 32541		Mailing Address 4300 LEGENDARY DRIVE, SUITE 280 DESTIN, FL 32541	
2. Principal Place of Business		3. Mailing Address P.O. Box 7039	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Destin, FL	
Zip	Country	Zip	Country
		32540	US
4. FEI Number APPLIED FOR 20-2811276		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 WALLACE, JERRY L 4300 LEGENDARY DR., SUITE 280 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 fee if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WALLACE, JERRY L 4300 LEGENDARY DRIVE, SUITE 280 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWELL, ROBERT K 160 GREENTREE DRIVE, SUITE 101 DOVER, DE 19904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information.			
SIGNATURE: <u>Jerry L Wallace</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-20-06 Date Daytime Phone #	

JERRY WALLACE

K. Eckel SEP 25 2006