

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000299

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: LODGEGREEN DEVELOPMENTS LIMITED, INC.

## Current Principal Place of Business:

8 JOINTON ROAD  
FOLKSTONE, KENT CT20 2RG,

## New Principal Place of Business:

1039 CLEAR CREEK  
CLERMONT, FL 34711

## Current Mailing Address:

8 JOINTON ROAD  
FOLKSTONE, KENT CT20 2RG,

## New Mailing Address:

115 LAKE DAVENPORT BLVD.  
DAVENPORT, FL 33897

FEI Number: 98-0525895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREY, JULIA L  
215 NORTH FOLA DRIVE  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: INGLESTON, STUART  
Address: 8 JOINTON ROAD  
City-St-Zip: FOLKSTONE, KENT CT20 2RG,

Title: D ( ) Delete  
Name: INGLESTON, ANDREW  
Address: 8 JOINTON ROAD  
City-St-Zip: FOLKSTONE, KENT CT20 2RG,

Title: D ( ) Delete  
Name: INGLESTON, GISELLE  
Address: 8 JOINTON ROAD  
City-St-Zip: FOLKSTONE, KENT CT20 2RG,

Title: D ( ) Delete  
Name: INGLESTON, PAULINE  
Address: 8 JOINTON ROAD  
City-St-Zip: FOLKSTONE, KENT CT20 2RG,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELLE INGLESTON

D

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date