

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F25455

FILED
Jan 14, 2009
Secretary of State

Entity Name: LAKE WEIR HOME PARK, INC.

Current Principal Place of Business:

13045 EAST HWY 25
OKLAWAHA, FL 32179 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61
CANDLER, FL 32111 US

New Mailing Address:

FEI Number: 59-2058837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OXHANDLER, DAVID
13045 EAST HWY 25
OKLAWAHA, FL 32179 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: PS () Delete
Name: OXHANDLER, DAVID,
Address: 13045 EAST HWY 25
City-St-Zip: OKLAWAHA, FL

Title: V () Delete
Name: OXHANDLER, BOB
Address: 13045 EAST HWY 25
City-St-Zip: OKLAWAHA, FL

Title: V () Delete
Name: OXHANDLER, MYRA
Address: 13045 EAST HWY 25
City-St-Zip: OKLAWAHA, FL

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:

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: DAVID OXHANDLER

PS

01/14/2009

Electronic Signature of Signing Officer or Director

Date