


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90081 007 \*\*\*150.00

<b>DOCUMENT # F53136</b> 1. Entity Name <b>EASTLAKE CORPORATION</b>			
Principal Place of Business <b>531 FERNSHIRE DR PO BOX 2081 PALM HARBOR, FL 34682-9081 US</b>		Mailing Address <b>531 FERNSHIRE DR PO BOX 2081 PALM HARBOR, FL 34682-9081 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1545 Canopy Oaks Blvd</b>		3. Mailing Address <b>1545 Canopy Oaks Blvd</b>	
Suite, Apt. #, etc. <b>P.O. Box 2081</b>		Suite, Apt. #, etc. <b>P.O. Box 2081</b>	
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor, FL</b>	
Zip <b>34683</b>		Zip <b>34682</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>59-2194905</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORNISH, RAMIA H 531 FERNSHIRE DR PALM HARBOR, FL 34683</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORNISH, JOHN 531 FERNSHIRE DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORNISH, MARGARET A. 1316 BELCHER DRIVE N TARPOON SPRINGS, FL 34689	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORNISH, RAMIA H 531 FERNSHIRE DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
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 empowered		_____ _____	
<b>SIGNATURE:</b> <i>John Cornish</i>		<b>John Cornish</b> 4-30-07 127-787-0005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	