FILED 2008 FOR PROFIT CORPORATION . Apr 11, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # G29853** 1. Entity Name YOUR SPACE ON THE LAKE, INC. Principal Place of Business Mailing Address 122 COWPEN LANE PO BOX 2290 HAWTHORNE, FL 32640 HAWTHORNE, FL 32640 CR2E034 (11/05) 04032008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2274054 \$8.75 Additional 5. Certificate of Status Desired

4 417 84	8. Name and Address of Current Regis	tered Agent		
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BARABAS, RUTH C			no	NOT WRITE
122 COWPEN LANE				IAOL AMVITE
HAWTHORNE, FL 32640			INI!	THIS SPACE
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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				
	Signature, typed or printed name of registered agent and title	applicable. (NOTE Registe	red Agent signature required when reinstating)	DATE
		6 Shadin Camarin Ca	** *** *** *** *** *** *** *** *** ***	
FILE NOWILL FEE 13 \$130.00		 Election Campaign Final Trust Fund Contribution 		
After M	ay 1, 2008 Fee will be \$550.00	ridaci dila Contibuto	. C Added to 1 863	<u>U00000892323</u>
10.	OFFICERS AND DIREC	TORS		04723708-80061-014-150.00
TITLE .	PST			
NAME	BARABAS, RUTH			
STREET ADDRESS	122 COWPEN LANE			
CITY-ST-ZIP	HAWTHORNE, FL 32640	,		varialisas viikiliski virilisas savinosiilisto.
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STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.				
of the cor	poration or the receiver or trustee empowered	to execute this report as requ	uired by Chapter 607, Florida Statut	es; and that my name appears in Block 10 or Block 11 if
changed, or on an attachment with an address, withran other like empowered.				

SIGNATURE:

OFFICER OR DIRECTOR

Applied For

Not Applicable