2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # H10572

1. Entity Name
LAKE SHORE CAMERA EXCHANGE, INC.

Principal Place of Business
36637 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address
36637 US HWY 19 N
PALM HARBOR FL 34684

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip | Country

4. FEI Number 59-2503860 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, GREGG H.
36637 US HWY 19 N
PALM HARBOR FL 34684

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P HICKMAN, GREGG H. 36637 US HWY 19 N PALM HARBOR FL 34684	☐ Delete
TV HICKMAN, DAWN M 36637 US HWY 19 N PALM HARBOR FL 34684	☐ Delete
D BAILEY, THOMAS A 36637 US 19 NORTH PALM HARBOR FL 34684	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
U00000691968 04/13/07-80031-015 150.00	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGN: Gregg Hickman for GREGG H. HICKMAN, PRES. 03/21/2007 727-938-6594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #