


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H43435 1. Entity Name LAKE ARROWHEAD VILLAGE, INC.	
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Principal Place of Business 1734 LAKEVIEW BLVD NORTH FT. MYERS, FL 33903	Mailing Address 1734 LAKEVIEW BLVD NORTH FT. MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2497513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOWELL, DAVID S.
2860 BUSINESS US 41
NORTH FORT MYERS, FL 33903

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, DAVID S. 1734 LAKEVIEW BLVD. NORTH FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOWELL, JANE E. 1734 LAKEVIEW BLVD. N. FT. MYERS, FL
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03/18/06-20031-002 150.00

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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.

SIGNATURE: David S Howell Jane E Howell 3-2-06 (239) 995-8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayenne Phone #