

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69493

Entity Name: TRI-LAKE, INC.

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

3601 W. MAIN STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 492722  
LEESBURG, FL 34749 US

**New Mailing Address:**

FEI Number: 59-2574905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEWELL, STEPHEN G  
907 WEBSTER STREET  
LEESBURG, FL 34749 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: PD ( ) Delete  
Name: HIRSCHFELD, J. R.,  
Address: 3601 W. MAIN STREET  
City-St-Zip: LEESBURG, FL 34748

Title: VSTD ( ) Delete  
Name: HIRSCHFELD, ELAINE L.,  
Address: 3601 W. MAIN STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: VOS, VICTORIA  
Address: 3601 W. MAIN STREET  
City-St-Zip: LEESBURG, FL 34748

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: ELAINE L. HIRSCHFELD

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04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date