

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69493

Entity Name: TRI-LAKE, INC.

FILED  
Apr 13, 2010  
Secretary of State

**Current Principal Place of Business:**

3601 W. MAIN STREET  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

3601 W. MAIN STREET  
LEESBURG, FL 34748 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:**

VOS, VICTORIA  
3601 WEST MAIN STREET  
LEESBURG, FL 34848 US

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

CAUTHEN, WILLIAM H  
215 NORTH JOANNA AVENUE  
TAVARES, FL 32778 US

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: WILLIAM H. CAUTHEN

04/13/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: INMAN, SAMMIE L  
Address: 3601 W. MAIN STREET  
City-St-Zip: LEESBURG, FL 34748

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELAINE L. HIRSCHFELD

CSTD

04/13/2010

Electronic Signature of Signing Officer or Director

Date