

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90073 027 \*\*\*150.00

**DOCUMENT # H92639**

1. Entity Name  
**TIMBERLINE CONSTRUCTION OF LAKE COUNTY, INC.**



Principal Place of Business  
**506 NORTH DIXIE AVENUE  
P. O. BOX 1124  
FRUITLAND PARK, FL 34731 US**

Mailing Address  
**PO BOX 1124  
FRUITLAND PARK, FL 34731 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-2661267**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARROWSMITH, SYDNEY D.  
903 MULBERRY  
PO BOX 1114  
FRUITLAND PARK, FL 34731**

Name

Street Address (P.O. Box Number is Not Acceptable)

**201 Fruitland St**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete  
NAME ARROWSMITH, JUDY L.  
STREET ADDRESS 903 MULBERRY  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **201 Fruitland ST**  
CITY-ST-ZIP

TITLE PT ☐ Delete  
NAME ARROWSMITH, SYDNEY D.  
STREET ADDRESS 903 MULBERRY  
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **201 Fruitland St**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sydney D. Arrowsmith*

Sydney D. Arrowsmith

352-728-1834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #