

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**



**DOCUMENT # J34486**

1. Entity Name  
**LAKE YALE ESTATES, INC.**

Principal Place of Business  
**13850 DONOVAN LANE  
GRAND ISLAND, FL 32735**

Mailing Address  
**PO BOX 350310  
GRAND ISLAND, FL 32735**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2849992** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DONNELL, LEROY R  
2890 E. CROOKED LAKE DR  
EUSTIS, FL 32726**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GRAHAM, GEORGE, JR.
STREET ADDRESS	P.O. BOX 1225
CITY-ST-ZIP	TAVARES, FL 327781225
TITLE	VSD
NAME	DONNELL, LEROY R
STREET ADDRESS	2890 E CROOKED LAKE DR
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80072-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George Graham, Jr.** 02/26/08

Date

Daytime Phone # \_\_\_\_\_