


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # K01736

1. Entity Name
LAKE & POND MAINTENANCE, INC.



Principal Place of Business Mailing Address

P.O. BOX 1054 **P.O. BOX 1054**
PORT RICHEY, FL 34673 US **PORT RICHEY, FL 34673 US**

DO NOT WRITE IN THIS SPACE



08122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2855517

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LECHNER, BERNARD J.
1243 LAKEVIEW
CLEARWATER, FL 34616

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASON, JESSE EDWARD 9341 SAVOY CT. NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASON, DIANE L. 9341 SAVOY CT. NEW PORT RICHEY, FL
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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: Diane L Cason Diane L Cason 8/13/07 727-862-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #