


2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K01736 1. Entity Name LAKE & POND MAINTENANCE, INC.	
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Principal Place of Business 9341 SAVOY CT. NEW PORT RICHEY, FL 34654 US	Mailing Address P.O. BOX 1054 PORT RICHEY, FL 34673 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent LECHNER, BERNARD J. 1243 LAKEVIEW CLEARWATER, FL 34616	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 59-2855517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small>
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FILE NOW!!! FEE IS \$550.00 Due by September 23, 2011	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD CASON, JESSE EDWARD 9341 SAVOY CT. NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 500207434105 08/08/11--01046--007 **\$425.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP S CASON, DIANE L. 9341 SAVOY CT. NEW PORT RICHEY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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: <u><i>Diane Cason</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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FILED

11 AUG -8 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500207434105
05/12/11--01029--019 **\$125.00



05162011 Chg-P CR2E034 (11/08)

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