


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90033 041 \*\*\*150.00

<b>DOCUMENT #</b> K47840	
1. Entity Name <b>LAKESHORE INVESTMENTS, INC.</b>	

Principal Place of Business <b>923 LAKESHORE BLVD ST COULD FL 34769</b>	Mailing Address <b>PO BOX 422933 KISSIMMEE FL 34742</b>
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2. Principal Place of Business - No P.O. Box # <b>P.O. Box 422933-2933</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 422933-2933</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State <b>Kissimmee, FL</b>	City & State <b>Kissimmee, FL</b>	4. FEI Number <b>59-2975776</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>34742-2933</b>	Country <b>USA</b>	Zip <b>34742-2933</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ARZT, KENNETH 4454 CABELL RD PO BOX 422933 KISSIMMEE FL 34742</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOT: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS							
<table border="1"> <tr> <td>1001 NAME ARZT, KENNETH</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>1002 STREET ADDRESS 4454 CAMPBELL RD-34746 PO BOX 422933</td> <td></td> </tr> <tr> <td>1003 CITY-STATE-ZIP KISSIMMEE FL 34742</td> <td></td> </tr> </table>	1001 NAME ARZT, KENNETH	<input type="checkbox"/> Delete	1002 STREET ADDRESS 4454 CAMPBELL RD-34746 PO BOX 422933		1003 CITY-STATE-ZIP KISSIMMEE FL 34742		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
<table border="1"> <tr> <td>1101 NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1102 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1103 CITY-STATE-ZIP</td> <td></td> </tr> </table>	1101 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1102 STREET ADDRESS		1103 CITY-STATE-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ferne Arzt Ferne Arzt Sec. 3/13/07 407-933-4899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #