



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K95463 1. Entity Name LAKEWOOD ENTERPRISES, INC.			
Principal Place of Business % JOHN BEHMKE P O BOX 344 KEY WEST, FL 33041		Mailing Address % JOHN BEHMKE P O BOX 344 KEY WEST, FL 33041	
DO NOT WRITE IN THIS SPACE			
			
		01102006 No Chg-P CR2E034 (11/05)	
4. FEI Number 34-1621048		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEHMKE, JOHN 51 FRONT ST. KEY WEST, FL 33040		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000452492 03/11/06-80028-025 150.00	
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	BEHMKE, JOHN		
STREET ADDRESS	30612 LAKE RD		
CITY - ST - ZIP	BAY VILLAGE, OH 44140		
TITLE	D		
NAME	BEHMKE, KAY		
STREET ADDRESS	30612 LAKE RD		
CITY - ST - ZIP	BAY VILLAGE, OH 44140		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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: <u>Kay Behmke</u>		2-26-2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone if	