

## **2008 FOR PROFIT CORPORATION**

## **FILED** 00 AN tate

ANNUAL REPORT				Jan 25, 2008 08:0			
DOCUMENT # K95463  1. Entity Name				]	\$	Secret	ary of St
LAKEWC	OOD ENTERPRISES, INC.						
Principal Plac	te of Business	Mailing Address		1			
% JOHN BEH	HMKE	% JOHN BEHMKE					
P O BOX 344  KEY WEST, FL 33041  P O BOX 344  KEY WEST, FL 33041							
NET WEST, F	L 33041	KEY WEST, FL 33041			<b>. 1918</b> : <b>1</b> 181 <b>1111 1120</b> 1516		<b>i</b> ii <b>aini</b> i ai <b>a</b> n <b>aa</b> i ii i <b>so</b> i
Marie Son							
				01192008	No Chg-P	CR2E034	(11/05)
	O NOT WRITE	IN THIS SPA	ΩF.			CNZEUJA	·
				4. FEI Numb 34-162			Applied For Not Applicable
					of Status Desired		.75 Additional
& State State of	6. Name and Address of Current R	egistered Agent		of all the many state area parts, with the Many of the Control of	anganan membangan pada paga bagai kecama anganggan Kabupatan paga bagai kecama angan bagai kecama angan bagai kecama	7.06	Required
		· <del></del>					
BEHMKE, JOHN 51 FRONT ST.				/DO	NOT W	RITE	
KEY WEST, FL 33040				INI	THIS SP	ACE.	
						AUE.	
			<b>可以</b> 的特别			39-14	
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fior	ıda. Iam fam	iliar with, and accept
uic obligat	norto er registeras agent.						
SIGNATURE.	Signature, typed or printed name of registered agent an	d the finaphicable (NOTE Registers	td Agent's gnalure required	(when relastating)		DAIF	
	<del>1                                    </del>	<b>A</b> Figure Committee Figure		^^			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Selection Campaign Final     Trust Fund Contribution.		.00 May Be ed to Fees		0798282	
10.	OFFICERS AND D	IRECTORS	·····································		U1/3U/08	-30021=1	1182150200
TITLE NAME	D BEHMKE, JOHN						
STREET ADDRESS	30612 LAKE RD						
CITY-ST-ZIP	BAY VILLAGE, OH 44140						
TITLE	D						
NAME	BEHMKE, KAY						
STREET ADDRESS CITY ST ZIP	30612 LAKE RD BAY VILLAGE, OH 44140				4.444.4534.4		
TITLE							
NAME							
STREET ADDRESS				DO	NOT W	RITE	
CITY ST ZIP						7 18 20 20 30 E	
TITLE NAME				: IN	THIS SP	ACE:	Zar byk
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME OXDERY ADDRESS					<b>《特别》</b>		
STREET ADDRESS CITY-ST-ZIP							
TITLE							
NAME					No. of Alexander States		<b>对话看完成是</b>

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-21-08

Date

305-360-1855

Dayt me Phone #