

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000059573

1. Entity Name
LAKE & BAY BOATS, LLC



Principal Place of Business
**1100 INDUSTRIAL WAY EAST
SEBRING, FL 33870**

Mailing Address
**1100 INDUSTRIAL WAY EAST
SEBRING, FL 33870**



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1536909

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, DOUGLAS A
1000 NORTH TAMiami TRAIL
SUITE 201
NAPLES, FL 34102**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DEL DUCA, MICHAEL A
5770 SHIRLEY STREET
NAPLES, FL 34109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHITAKER, MICHAEL
1130 US 27 N
LAKE PLACID, FL 33852**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T.S.
JOHNSON, DONALD C
1100 NANCESOWEE AVE
SEBRING, FL 33870**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000712286
04/26/07-80038-019 55.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Michael Del Duca 4/13/07 334-546-11601