2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # L30709 1. Entity Name NORTH LAKE DEVELOPMENT, INC.						04-24-2006 90460 006 ***150.00				
Principal Plac	e of Business	Mailing Address					= 0.0			
11505 CR 5		11505 CR 574				500	1567	1		
P O BOX 428 MANGO, FL 33550		P 0 B0X 428 MANGO, FL 33550								
WIANGO, FL	33330	WMW00, FE 33330			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072006	Chg-P	CR2E034	(11/05)		
City & State		City & State			4. FEI Number 59-274179	98			plied For Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of S	Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Add	dress of New Re		•	·	
			Name							
JAEB, STEPHEN L. 11505 CR 574 MANGO, FL 33550				Street Address	ress (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code)	
• The obour	named antity as hmita this atatament for	d office or regio	torod agant or both in	the State of Eler		iliar with	and accept			
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 reinssating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								_		
10.	OFFICERS AND		11.		ADDITIONS/CH/	ANGES TO OFFI				
TIFLE NAME	V JAEB, STEPHEN L.	☐ Delete	TITLE	5	AEB STEP	HEN L.	<u> </u>	Change	Addition	
STREET ADDRESS	11505 C.R. 574				AME)	•				
CITY-ST-ZIP	MANGO, FL		СПУ		SAME)					
TITLE	ST	Delete	TITLE		T(D)			Change	Addition	
NAME	JAEB, LORENA		NAMI	· -7	TAEB SAI	NDRA Z	7. 4.			
STREET ADDRESS	11505 C.R. 574			ET ADDRESS -ST-ZIP	115051 E.	AKOADU	SAY AL	E.	ľ	
CITY-ST-ZIP	MANGO, FL	56	_		MANGO, F	<u> </u>		Change	□ Addition	
TITLE NAME	JAEB, ROBERT	Delete	TITLE NAMI				L	j Change	☐ Addition	
STREET ADDRESS	11505 C.R. 574			ET ADDRESS					}	
CITY-ST-ZIP	MANGO, FL		СПУ	·ST - ZIP						
TITLE	V	Delete	mu] Change	Addition	
NAME	GARRETT, ROBERT R		NAMI							
STREET ADDRESS C/TY-ST-ZIP				et address -St-Zip						
TITLE	MANGO, FE 33330	Delete	TITLE					Change	Addition	
NAME		CT Delete	NAMI				L.	Change	LI Addition	
STREET ADDRESS	SIF		STRE	et address						
CITY-ST-ZIP	сп		ST-ZIP							
TITLE		☐ Delete	TITLE			<u> </u>] Change	☐ Addition	
NAME			NAMI							
STREET ADDRESS City-St-Zip				ET ADDRESS -ST-ZIP						
	certify that the information supplied with	this filling does not qualify f			ed in Chanter 110 El	orida Statutee 1 6	further certify:	that the in	formation	
indicated	on this report or supplemental report is poration or the receiver or trustee emp	strue and accurate and that	my signal	ure shall have th	ie same legal effect as	s il made under o	ath; that I am :	an officer	or director	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: