

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41800

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: LAKESHORE CUSTOM WOOD PRODUCTS, INC.

## Current Principal Place of Business:

5210 E. SHADOWLAWN AVE.  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

5210 E. SHADOWLAWN AVE.  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 59-2980366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLESON, ALTON  
5210 E. SHADOWLAWN AVE.  
TAMPA, FL 33610 US

## Name and Address of New Registered Agent:

SPARKS, KENNETH  
5210 E. SHADOWLAWN AVE.  
TAMPA, FL 33610 US

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.

SIGNATURE: KENNETH SPARKS

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OLESON, ALTON  
Address: 5210 E. SHADOWLAWN AVE.  
City-St-Zip: TAMPA, FL

Title: VP ( ) Delete  
Name: SPARKS, KENNETH  
Address: 1200 FOX CHAPEL DR.  
City-St-Zip: LUTZ, FL

Title: ST ( ) Delete  
Name: SPARKS, DAWN  
Address: 1200 FOX CHAPEL DR.  
City-St-Zip: LUTZ, FL

Title: VP ( ) Delete  
Name: OLESON, CHAD  
Address: 9422 CYPRESS HARBOR DR.  
City-St-Zip: GIBSONTOWN, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SPARKS, KENNETH  
Address: 1200 FOX CHAPEL DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: VP (X) Change ( ) Addition  
Name: OLESON, CHAD  
Address: 9422 CYPRESS HARBOR DR.  
City-St-Zip: GIBSONTOWN, FL 33534

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OLESON, ALTON  
Address: 7914 LAKESHORE DRIVE  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN SPARKS

ST

04/05/2006

Electronic Signature of Signing Officer or Director

Date