2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# L41800

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:

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

Name and Address of New Registered Agent:

SPARKS, KENNETH L PD
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 L, SPARKS 02/21/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: VP ( ) Delete
Name: OLESON, CHAD
Address: 9422 CYPRESS HARBOR DR.
City-St-Zip: GIBSONTON, FL 33534

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: SPARKS, DAWN R ST
Address: 1200 FOX CHAPEL DR.
City-St-Zip: LUTZ, FL 33549

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

I hereby certify that the information supplied with this filing does not qualify 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 R. SPARKS ST 02/21/2008
Electronic Signature of Signing Officer or Director Date