

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L62157

1. Entity Name
LAKESIDE DEVELOPMENT CORPORATION



Principal Place of Business

**1001 E ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483 US**

Mailing Address

**1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0211485

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD H
1001 E. ATLANTIC AVE.
DELRAY BEACH, FL 33483**

**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 reinstating)

1100000914913

05/08/08-80076-021 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALSH, MARK
STREET ADDRESS	1001 E ATLANTIC AVE STE 202
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E ATLANTIC AVE STE 202
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	CRITCHFEILD, RICHARD
STREET ADDRESS	1001 E ATLANTIC AVE STE 202
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	VP
NAME	MCMURRAIN, THOMAS T
STREET ADDRESS	1001 E ATLANTIC AVE STE 202
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Walsh

1/30/08

(561)279-9900