

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78020

Entity Name: LAKEVIEW DIRT CO., INC.

FILED  
Jul 29, 2005  
Secretary of State

**Current Principal Place of Business:**

497 S HOLMES BLVD  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

497 S. HOLMES BLVD.  
ST AUGUSTINE, FL 32086 US

**New Mailing Address:**

FEI Number: 59-2904912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, HARRIET A  
497 S HOLMES BLVD.  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

WILSON, HARRIET A  
497 S HOLMES BLVD.  
ST. AUGUSTINE, FL 32084 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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/29/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILSON, GREG  
Address: 1355 NORTHWOOD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S ( ) Delete  
Name: WILSON, HARRIET A  
Address: 1355 NORTHWOOD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP ( ) Delete  
Name: WILSON, GARY L  
Address: 5540 BLACKJACK GROVE LANE  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILSON, GREG  
Address: 1355 NORTHWOOD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S (X) Change ( ) Addition  
Name: WILSON, HARRIET A  
Address: 1355 NORTHWOOD DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY L WILSON

Electronic Signature of Signing Officer or Director

VP

07/29/2005

Date