2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90028 012 ****61.25

DOCUMENT # N05000003360

1. Entity Name
LAKE BUSINESS LEADERS INC.

Principal Place of Business	Mailing Address
34025 LEE AVENUE LEESBURG, FL 34748	34025 LEE AVENUE LEESBURG, FL 34748

2. Principal Place of Business	3. Mailing Address
31569 PROGRESS ROAD	31569 PROGRESS ROAD
Suite, Apt. #, etc.: L	Suite, Apt. #, etc.:
City & State: Leesburg, FL 34748	City & State: Leesburg, FL
Zip: 34748 / Country: LAKE	Zip: 34748 / Country: LAKE

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number: 36-4572229 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORVELL, MICHAEL D SR. 34025 LEE AVENUE LEESBURG, FL 34748	Name: JON ORR Street Address (P.O. Box Number is Not Acceptable): 10228 PATRICK DRIVE City: Leesburg FL Zip Code: 34788

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: _____ 2/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	NORVELL, MICHAEL D SR.		NAME	NORVELL, MICHAEL D SR.	
STREET ADDRESS	34025 LEE AVENUE		STREET ADDRESS	34025 LEE AVE.	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ORR, JON		NAME	JON ORR	
STREET ADDRESS	10228 PATRICK DRIVE		STREET ADDRESS	10228 PATRICK DR	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Leesburg, FL 34788	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HALL HARPER, LINDA		NAME		
STREET ADDRESS	36036 MICRO RACETRACK ROAD		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 34735		CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	JEFF STEPHAN		NAME	JEFF STEPHAN	
STREET ADDRESS	31569 PROGRESS ROAD		STREET ADDRESS	31569 PROGRESS RD.	
CITY-ST-ZIP	Leesburg, FL 34748		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			NAME	CHARLES WOLLERT	
STREET ADDRESS			STREET ADDRESS	21405 ROYAL ST GEORGES LN	
CITY-ST-ZIP			CITY-ST-ZIP	Leesburg, FL 34788	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 617, 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: _____ JON ORR 2/14/06 352-253-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #