


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 010 ****61.25

DOCUMENT # N07000001408 1. Entity Name TWO LAKES MAINTENANCE, INC.					
Principal Place of Business 5 WARBLER WAY CRESTVIEW, FL 32539			Mailing Address 5 WARBLER WAY CRESTVIEW, FL 32539		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number EIN: 20-8526563				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, LEE 5 WARBLER WAY CRESTVIEW, FL 32539			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PRESIDENT / D	NAME SEAN STROUBE		<input type="checkbox"/> Delete		
STREET ADDRESS 5252 LARK LANE	CITY-ST-ZIP CRESTVIEW, FL 32539		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VICE PRESIDENT / D	NAME ROY WINGO		<input type="checkbox"/> Delete		
STREET ADDRESS 15 WARBLER WAY	CITY-ST-ZIP CRESTVIEW, FL 32539		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SECRETARY / TREASURER / D	NAME LEE PATTERSON		<input type="checkbox"/> Delete		
STREET ADDRESS 5 WARBLER WAY	CITY-ST-ZIP CRESTVIEW, FL 32539		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Lee Patterson</u> LEE PATTERSON, S/T					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7 MAR 2008 (850) 689-1413	