2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # N07000002392**



FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90204 016 ****61.25

1. Entity Name LAKE PLACID AEROMODELERS INC.								
Principal Placi LAKE PLACID LAKE PLACID	BLVD	Mailing Address 125 ROSEWOOD DR. N LAKE PLACID, FL 338			4000	104		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2010 PLACID LAKES BLVD 1501 LAKE CL				DR				
Suite, Apt.	PLACID.FL.	Suite, Apt. #, etc. LAKE PLA			02292008 Ch	ng-NP CR2E	037 (12/06)	
City & State	е /	City & State			4. FEI Number		XNo	plied For t Applicable
338		33852	HIGHLAN	VDS	5. Certificate of Sta	_	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name WILLIAM H. SIDES				
SMITH, RICHARD D 125 ROSEWOOD DR. N				Street Address (P.O. Box Number is Not Acceptable)				
LAKE PLACID, FL 33852				1501 LAKE CLAY DR.				
				LAKE PLACID FL 33852				
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 WILLIAM H. SIDES Signal Tro, typod or printed namer of registrored agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating) DATE								
Filling Fee is \$61.25 Que by May 1, 2008 9. Election Campaign F Trust Fund Contribute					• • • • • • • • • • • • • • • • • • • •			
	· •				\$5.00 May Be Added to Fees		eck payable to partment of St	
10.	Que by May 1, 2008 OFFICERS AND DIR	Trust Fund	Contribution.		Added to Fees		DIRECTORS IN	ate 10
10.	OFFICERS AND DIR	Trust Fund	Contribution.		Added to Fees	Florida Dep	partment of St	ate
TITLE NAME STREET ADDRESS	OFFICERS AND DIR P BURSON, DAVID A 24 EKHOFF LN.	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS	P/D	Added to Fees	Florida Dep	DIRECTORS IN	ate 10
TITLE NAME	OFFICERS AND DIR	Trust Fund	Contribution. 11. THLE NAME	P/ p	Added to Fees	Florida Dep	DIRECTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BURSON, DAVID A 24 EKHOFF LN. LAKE PLACID, FL 33852 VP MILLER, BRIAN S	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	7/D	Added to Fees	Florida Dep	DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BURSON, DAVID A 24 EKHOFF LN. LAKE PLACID, FL 33852	Trust Fund	Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE	7/D	Added to Fees	Florida Dep	DIRECTORS IN Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURSON, DAVID A 24 EKHOFF LN. LAKE PLACID, FL 33852 VP MILLER, BRIAN S 22 SUNSET LN. LAKE PLACID, FL 33852	Trust Fund ECTORS Delete	Contribution. 11. TITLE NAME STREET ADDRESS CITY- ST-ZEP TITLE NAME STREET ADDRESS CITY- ST-ZIP	8/D 8/D	Added to Fees ADDITIONS/CHANGE	Florida Dep S TO OFFICERS AND	DIRECTORS IN Change Change Change	10 Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1