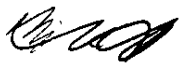


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-10-2008 90021 013 ****61.25

DOCUMENT # N07000007886					
1. Entity Name MISS LAKE LAND SCHOLARSHIP PAGEANT, INC.					
Principal Place of Business 2274 HONEYCOMB LANE LAKE LAND FL 33801			Mailing Address 2274 HONEYCOMB LANE LAKE LAND FL 33801		
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. FET Number 26-2698749	
				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	
TROLLER, JUSTIN M 2274 HONEYCOMB LANE LAKE LAND FL 33801 				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when resigning.)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TROLLER, JUSTIN M	P	NAME		
STREET ADDRESS	2274 HONEYCOMB LANE		STREET ADDRESS		
CITY - ST - ZIP	LAKE LAND FL 33801		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WILLCOCKSON, SUSAN	S	NAME		
STREET ADDRESS	1820 EAST POLLICK ROAD		STREET ADDRESS		
CITY - ST - ZIP	LAKE LAND FL 33813		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MCHENRY, LINDA	L	NAME		
STREET ADDRESS	6169 SEAGULL LANE		STREET ADDRESS		
CITY - ST - ZIP	LAKE LAND FL 33809		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 Section 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: _____			3/25/08 82454083 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					