



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # N96000002250		
1. Entity Name LAUREL PARK, INC.		
Principal Place of Business 517 MADISON CT SARASOTA, FL 34236 US		Mailing Address P.O. BOX 1485 SARASOTA, FL 34236 US
DO NOT WRITE IN THIS SPACE		
		 01212007 No Chg-NP CR2E037 (4/06)
		4. FEI Number 65-0685371 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOWMAN, KATE 517 MADISON CT SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	LOWMAN, KATE	
STREET ADDRESS	517 MADISON CT	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	
NAME	HAGGLUND, SUZY	
STREET ADDRESS	1630 LAUREL ST	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	
NAME	SUBLETTE, ELIZABETH	
STREET ADDRESS	1716 OAK STREET	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	
NAME	DART, DEB	
STREET ADDRESS	542 OHIO PL	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	
NAME	JAENSCH, CHRIS	
STREET ADDRESS	635 COLUMBIA CT	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		
NAME		
STREET ADDRESS		
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: _____ ELIZABETH SUBLETTE 1.20.07 941.308.6554		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>