


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2008 08:00 A
Secretary of State**

DOCUMENT # N96000002250 1. Entity Name LAUREL PARK, INC.	
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Principal Place of Business 517 MADISON CT SARASOTA, FL 34236 US	Mailing Address P.O. BOX 1485 SARASOTA, FL 34236 US
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01262008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0685371

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LOWMAN, KATE 517 MADISON CT SARASOTA, FL 34236
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**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000807374
02/07/08-80006-011 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWMAN, KATE 517 MADISON CT SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGLUND, SUZY 1630 LAUREL ST SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBLETTE, ELIZABETH 1716 OAK STREET SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DART, DEB 542 OHIO PL SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAENSCH, CHRIS 635 COLUMBIA CT SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.27.08

Date

941.308.6554

Daytime Phone #