

DOCUMENT # N96000005270

1. Entity Name

THE SEVEN LAKER, INC.



FILED
Jan 31, 2005 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
1965 SEVEN LAKES BOULEVARD 1965 SEVEN LAKES BOULEVARD
FORT MYERS FL 33907 FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0712796

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

BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVE.
SUITE 100
FT MYERS FL 33912-0000

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 required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☐ Delete
NAME CROMBE, JAMES
STREET ADDRESS 1788 AUGUSTA DR #202
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME U000000208377
STREET ADDRESS 02/01/05-80081-021 61.25
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME CROMBE, HELEN
STREET ADDRESS 1788 AUGUSTA DR #202
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KRIVISKY, SOL
STREET ADDRESS 1747 PEBBLE BEACH DRIVE, #302
CITY-ST-ZIP FORT MYES FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LUEBKE, DOROTHY
STREET ADDRESS 1747 PEBBLE BEACH DRIVE, #208
CITY-ST-ZIP FORT MYES FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DAY, WILLIAM
STREET ADDRESS 7430 LAKE BREEZE DR. 502
CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KIRIN, CHARLES J
STREET ADDRESS 1796 AUGUSTA DR SW #202
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 true information.

SIGNATURE: *James G. Crombe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05 (39)482-1011