## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2007 8:00 am Secretary of State

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DOCUMENT # N9800004228  1. Entity Name LAKERIDGE HARRISON ASSOCIATION, INC.						2007 90058	048 ****	70.00	
Principal Place of Business 121 LAKERIDGE DR. PANAMA CITY, FL 32405 US  Mailing Address 121 LAKERIDGE DR. PANAMA CITY, FL 32405			5 US	1111	4005327				
2. Principal Pl	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062	007 Chg-NP	CR2E0	37 (12/06)		
City & State		City & State		4. FEI N 59-	umber 3557476		<b> </b>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certi	icate of Status Desire	nd 🛚	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current	t Registered Agent	. [	7. Name	and Address of Ne	w Registered	Agent		
CULLEN, RICHARD F 121 LAKERIDGE DR. PANAMA CITY, FL 32405			Name						
			Street /	Street Address (P.O. Box Number is Not Acceptable)					
			- 1						
			City			FL	Zip Code	9	
	named entity submits this statement fi ions of registered agent.	for the purpose of changing its re	egistered office of	or registered agent,	or both, in the State of	f Florida. I am	familiar with,	and accept	
1									
CICNATURE									
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: 1	Registered Agent signs	ture required when reinstat	ng)	DATE		<u>.</u>	
SIGNATURE .		····-				<del> </del>	k navahle tr		
SIGNATURE .	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00   Added to	May Be	<del> </del>	k payable to		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 Added to	Aay Be Fees	Make chec Torida Depai	tment of St	tate	
SIGNATURE .	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing intribution.	S5.00 Added to	May Be Fees 6/CHANGES TO OFF	Make chec Torida Depai	tment of St	tate	
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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 rustee 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: Sicher F. Luller

GOLATURE AND TYPED OR PRINTED NAME OF SURSEING OFFICER OR DIRECTOR

6APR.2007 (950)784-0052