

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90326 022 ****70.00

40072010



04272006 Chg-NP CR2E037 (4/06)

DOCUMENT # N98000007242

1. Entity Name
BLUE LAKE ACADEMY, INC.



Principal Place of Business
3551 EAST ORANGE AVENUE
EUSTIS, FL 32736

Mailing Address
3551 EAST ORANGE AVENUE
EUSTIS, FL 32736

2. Principal Place of Business

3. Mailing Address
P.O. BOX 1947

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
EUSTIS, FLORIDA

Zip

Zip
32727

Country
USA

4. FEI Number
59-3547632

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, ROGER W MR.
3551 EAST ORANGE AVENUE
EUSTIS, FL 32736

Name
HAYMAN, SKIP DR.

Street Address (P.O. Box Number is Not Acceptable)

19529 SPRING OAK DRIVE

City
EUSTIS

FL Zip Code
32736

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

Dr. Skip Hayman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	D COX, ROGER W MR. 3551 EAST ORANGE AVENUE EUSTIS, FL 32736	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HAYMAN, SKIP DR. 19529 SPRING OAK DRIVE EUSTIS, FLORIDA 32736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADDELL, DANNY MR. 3551 EAST ORANGE AVENUE EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CADDELL, DANNY MR PO BOX 477 TAUVAS, FLORIDA 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMROCK, STEVE MR. 3551 E ORANGE AVE EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHAMROCK, STEVE MR PO BOX 3017 EUSTIS, FLORIDA 32727	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, HARRY MR. 3551 E. ORANGE AVE. EUSTIS, FL 32726	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, HARRY MR 36956 LAKE YALE DRIVE GRAND ISLAND, FLORIDA 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCREE, JOAN MRS. 3551 E. ORANGE AVE. EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MCREE, JOAN MRS PO BOX 1375 EUSTIS, FLORIDA 32727	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBISH, ART MR. 3551 E. ORANGE AVE. EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILBISH, ART MR 34752 CATTAIL DRIVE EUSTIS, FLORIDA 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dr. Skip Hayman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. SKIP HAYMAN 4/30/06 (352)
Daytime Phone # 357-5640