

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

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000001476

1. Entity Name
EAST LAKE 20/20, INC.



Principal Place of Business
**3974 TAMPA ROAD
SUITE A
OLDSMAR, FL 34677**

Mailing Address
**PO BOX 1063
OLDSMAR, FL 34677**



04012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**KUTCHINS, BRYAN A
3974 TAMPA ROAD
SUITE A
OLDSMAR, FL 34677**

**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 reinstating)

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**

U000000937791

05/27/08-80063-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLYNN, DON
STREET ADDRESS	2589 BURTFOLK DR
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	D
NAME	KUTCHINS, BRYAN A
STREET ADDRESS	3974 TAMPA ROAD
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	D
NAME	FERRERI, PAUL
STREET ADDRESS	3995 CAPSTOL DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34685

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: D.W. Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.W. FLYNN

Date

4-26-08

Daytime Phone #

727-560-5377