

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 034 ***150.00

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1. Entity Name
LAKE SHORE SOFTWARE & ENGINEERING, INC.



Principal Place of Business
1205 PORTILLO COURT
DELTONA, FL 32725

Mailing Address
1205 PORTILLO COURT
DELTONA, FL 32725



2. Principal Place of Business - No P.O. Box #

200 S. Park Ave

3. Mailing Address

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

04082008

Chg-P

CR2E034 (12/06)

City & State

Sanford

City & State

4. FEI Number

59-3641230

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

Country

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

LANDT, BARBARA J
1205 PORTILLO COURT
DELTONA, FL 32725

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

Barbara J. Landt

8 April 2008

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME LANDT, MICHAEL R
STREET ADDRESS 1205 PORTILLO CT.
CITY-ST-ZIP DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME LANDT, BARBARA J
STREET ADDRESS 1205 PORTILLO CT.
CITY-ST-ZIP DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CLARKE, CAROL
STREET ADDRESS 7044 WRIGHT AVE
CITY-ST-ZIP TANGERINE, FL 32777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

Barbara J. Landt

8 April 2008

407-302-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #