

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000082220**

1. Entity Name  
**LAKE MARY REALTY, INC.**



Principal Place of Business

**2148 BLUE IRIS PLACE  
LONGWOOD, FL 32779**

Mailing Address

**2148 BLUE IRIS PLACE  
LONGWOOD, FL 32779**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3672348**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GOULET, CLYDE R.  
2148 BLUE IRIS PLACE  
LONGWOOD, FL 32779**

**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

*Clyde R. Goulet*

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

(NOTE: Registered Agent signature required when reinstating)

*March 28, 2008*

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

U000000874859

04/11/08-80003-013-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	GOULET, CLYDE R
STREET ADDRESS	2148 BLUE IRIS PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVS
NAME	GOULET, MARY A
STREET ADDRESS	2148 BLUE IRIS PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
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 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:

*Clyde R. Goulet*

**Clyde R. Goulet**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/28/08*

Daytime Phone #