

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000088146

1. Entity Name
LAKE DOE COVE, INC.



Principal Place of Business

132 WEST PLANT STREET
SUITE 200
WINTER GARDEN, FL 34787 US

Mailing Address

PO BOX 770609
WINTER GARDEN, FL 34777-0609



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3671997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLSTON, ROBERT W
132 WEST PLANT STREET
SUITE 200
WINTER GARDEN, FL 34787

**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

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLSTON, ROBERT W
PO BOX 770609
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JUNE, ROHLAND A II
PO BOX 770609
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
KAMINSKI, CHRISTOPHER L
PO BOX 770609
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SEDLOFF, JEFFREY A
PO BOX 770609
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
MAY, JACQUELINE M
PO BOX 770609
WINTER GARDEN, FL 34777

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:

Jacqueline M May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

baseline m may *4/9/08* *408-905-8180*