2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Mar 10, 2008 08:00 A **DOCUMENT # P01000109887** Secretary of State 1. Entity Name LAKE OIL & GAS, INC. Principal Place of Business Mailing Address 3504 INDIAN TRAIL 3504 INDIAN TRAIL EUSTIS, FL 32726 EUSTIS, FL 32726 02072008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3757044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKER, JEFFREY G JR. DO NOT WRITE 3504 INDIAN TRAIL EUSTIS, FL 32726 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 1 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 33-MS 7 h FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees *After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BAKER, JEFF NAME STREET ADDRESS 3504 INDIAN TRAIL CITY-ST-ZIP EUSTIS, FL 32726 U000000852493 03/26/08-80031-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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: \

TITLE NAME

NAME

STREET ADDRESS
CITY-SI-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/8/02

352-742-4700