

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90039 028 ***150.00

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DOCUMENT # P02000130739 1. Entity Name LAKESIDE STATION REALTY, INC.					
Principal Place of Business 507 W DR MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563				Mailing Address PO DRAWER X PLANT CITY, FL 33563	
2. Principal Place of Business - No P.O. Box # 1501 Alexander St Suite, Apt. #, etc. #101		3. Mailing Address Suite, Apt. #, etc.		03062008 Chg-P CR2E034 (12/06)	
City & State Plant City FL		City & State		4. FEI Number 05-0554381	
Zip 33563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPERRY, BRUCE J 1003 S LAEXANDER ST STE 1 PLANT CITY, FL 33563				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, LOUIS W 507 W DR MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 to this report, with all other like empowered.			SIGNATURE: <u>LOUIS W MCGRATH</u> <u>4/9/08</u> <u>8132548888</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		