


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000043746**  
 Entity Name  
**HOME BODIES OF LAKE COUNTY, INC.**



Principal Place of Business 411 S. PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737	Mailing Address 411 S. PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (1/1/05)

4. FEI Number <b>59-3431347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

WOLCOTT, BETTY  
 411 S. PALM AVENUE  
 HOWEY-IN-THE-HILLS, FL 34737

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	DPT WOLCOTT, LOUIS 411 S. PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WOLCOTT, BETTY 411 S. PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737
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**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: Louis Wolcott **2/15/06** **352-551-4289**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #