

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 009 ***150.00

DOCUMENT # P03000085446 1. Entity Name LAKE ROSEMARY PROPERTIES, INC.			
Principal Place of Business 362 GULF BREEZE PKWY #111 GULF BREEZE, FL 32561		Mailing Address 362 GULF BREEZE PKWY #111 GULF BREEZE, FL 32561	
2. Principal Place of Business 913 GULF BREEZE PARKWAY Suite, Apt. #, etc. SUITE 3 City & State GULF BREEZE, FL Zip Country 32561 USA		3. Mailing Address 362 GULF BREEZE PARKWAY Suite, Apt. #, etc. #111 City & State GULF BREEZE, FL Zip Country 32561 USA	
4. FEI Number 20-0145978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASE, JAMES L 101 E GOVERNMENT ST PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name ROBERT PABIAN Street Address (P.O. Box Number is Not Acceptable) 362 GULF BREEZE PARKWAY #111 City State Zip Code GULF BREEZE FL 32561	
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 ROBERT PABIAN 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P PABIAN, KRISTINE 362 GULF BREEZE PKWY #111 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: KRISTINE PABIAN		Date 4-27-06 Daytime Phone # 850 932 3382	