2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089396

Address:

City-St-Zip:

17351 SE 156 PLACE ROAD

WEIRSDALE, FL 32195 US

Entity Name: WILD LAKES ESTATES, INC

FILED Apr 17, 2007 Secretary of State

y		NEO 2017 (120, 1140.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	156 PLACE R0 LE, FL 32195				
Current Mailing Address:			New Mailing Address:		
	156 PLACE R0 LE, FL 32195				
FEI Number	: 20-0547904	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
125 NE 18	EVEN H ESQ. ST AVENUE				
1 OCALA, F	L 34470 US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (KOHN, GEORG 17351 SE 156 WEIRSDALE, F	PLACE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC (KOHN, TERES 17351 SE 156 WEIRSDALE, F	PLACE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA ()) Delete SA R	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: TERESSA KOHN TRES 04/17/2007