


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000095075</b> 1. Entity Name TWIN LAKES FISH CAMP, INC.	
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Principal Place of Business 17105 SOUTH CR 325 HAWTHORNE, FL 32640	Mailing Address 17105 SOUTH CR 325 HAWTHORNE, FL 32640
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**DO NOT WRITE IN THIS SPACE**



01142007 No Chg-P CR2E034 (11/05)

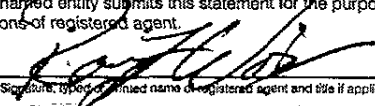
4. FEI Number 20-0196377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WOOD, ROGER L 17105 SOUTH CR 325 HAWTHORNE, FL 32640
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**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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>1/18/07</u> <u>352-466 9266</u>
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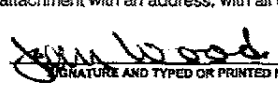
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOOD, ROGER L 17105 SC RD 325 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WOOD, J 17105 SC RD 325 HAWTHORNE, FL 32640
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01/22/07-80025-016 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/18/07</u> <u>352-466 9266</u> <small>Daytime Phone #</small>
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