

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000069106

Entity Name: LAKESHORE LIVING, INC.

FILED  
Jan 29, 2009  
Secretary of State

## Current Principal Place of Business:

10919 MISTLETOE DR  
THONOTOSASSA, FL 33592

## New Principal Place of Business:

## Current Mailing Address:

10919 MISTLETOE DR  
THONOTOSASSA, FL 33592

## New Mailing Address:

FEI Number: 20-1055926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAGAN, EDWIN B  
2709 ROCKY POINT DR., SUITE 102  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALDWELL, DAVID  
Address: P. O. BOX 1388  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VPOP ( ) Delete  
Name: GRUNEBACH, STEVE  
Address: 10919 MISTLETOE DR  
City-St-Zip: THONOTOSASSA, FL 33592

Title: EX D ( ) Delete  
Name: CARR, ROB  
Address: 10919 MISTLETOE DR  
City-St-Zip: THONOTOSASSA, FL 33592

Title: T ( ) Delete  
Name: COHEN, ROBERT  
Address: 10919 MISTLETOE DR  
City-St-Zip: THONOTOSASSA, FL 33592

Title: B S ( ) Delete  
Name: MORROW, LUAN  
Address: 10919 MISTLETOE DR  
City-St-Zip: THONOTOSASSA, FL 33592

Title: VP M ( ) Delete  
Name: ROMANER, HARRIS  
Address: 10919 MISTLETOE DR  
City-St-Zip: THONOTOSASSA, FL 33592

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID CALDWELL

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date