
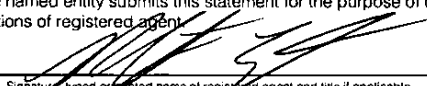
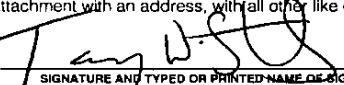


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 033 ***150.00

DOCUMENT # P04000102680					
1. Entity Name LAKESIDE TOWN SHOPS, INC.					
Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301			Mailing Address 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0874445	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, PATRICIA 300 S.E. 2ND STREET FORT LAUDERDALE, FL 33301			Name Robert Esposito		
			Street Address (P.O. Box Number is Not Acceptable) Stiles Corporation		
			300 SE 2nd Street		
			City Fort Lauderdale		FL Zip Code 33301
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 Esposito		January 31, 2008	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STILES, TERRY W	NAME			
STREET ADDRESS	300 S.E. 2ND STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EAGONS, DOUGLAS P	NAME			
STREET ADDRESS	300 S.E. 2ND STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, PATRICIA	NAME	Esposito, Robert		
STREET ADDRESS	300 S.E. 2ND STREET	STREET ADDRESS	300 SE 2nd Street		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	Fort Lauderdale, FL 33301		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOREK, DONNA	NAME			
STREET ADDRESS	300 S.E. 2ND STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, STEPHEN R	NAME			
STREET ADDRESS	300 S.E. 2ND STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STINE, JAMES W	NAME			
STREET ADDRESS	300 S.E. 2ND STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP			
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: 		Terry W. Stiles January 31, 2008 954-627-9300			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40029892
P04000102680
UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE: V **ADDITION**
NAME: O'SHEA, DENNIS F.
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301

TITLE: V **ADDITION**
NAME: FERRERA, ROCCO
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301