
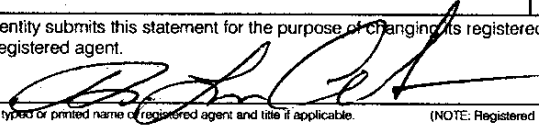
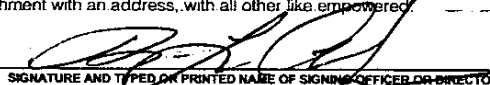


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 015 ***150.00

DOCUMENT # P04000125345					
1. Entity Name LAKERMX, INC.					
Principal Place of Business 250 N DONNELLY ST MOUNT DORA, FL 32757			Mailing Address 954 SO ORLANDO AVE WINTERPARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. ✓		Suite, Apt. #, etc. ✓			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-1114376	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACKER, KEVIN K 954 SO ORLANDO AVE WINTERPARK, FL 32789			Name R. Lee Acker Street Address (P.O. Box Number is Not Acceptable) (SAME) City FL Zip Code		
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: 			DATE: 1-7-06		
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACKER, KEVIN K	NAME			
STREET ADDRESS	954 SO ORLANDO AVE	STREET ADDRESS			
CITY-ST-ZIP	WINTERPARK, FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACKER, RONALD L SR	NAME			
STREET ADDRESS	954 SO ORLANDO AVE	STREET ADDRESS			
CITY-ST-ZIP	WINTERPARK, FL 32789	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACKER, R. LEE JR	NAME			
STREET ADDRESS	954 SO ORLANDO AVE	STREET ADDRESS			
CITY-ST-ZIP	WINTERPARK, FL 32789	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			Date: 1-7-07 Daytime Phone #: 407-376-0331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					