## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000125976

FILED Jan 17, 2007 Secretary of State

Entity Name: THE PRE	ESERVE AT LAKE WALES, INC	D.		
Current Principal Place of Business:		New Principal Place of Business:		
4047 ASHTON CLUB DF LAKE WALES, FL 33859				
Current Mailing Address:		New Mailing Address:		
4047 ASHTON CLUB DF LAKE WALES, FL 33859				
FEI Number: 20-1583204	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
BARNES, JOHN P 4047 ASHTON CLUB DF LAKE WALES, FL 33859				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agen		ent	Date	
Election Campaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	

Title: Title: MGRM ( ) Delete (X) Change ( ) Addition BARNES, JOHN P BARNES, JOHN P Name: Name: 4047 ASHTON CLUB DRIVE Address: 4047 ASHTON CLUB DRIVE Address: City-St-Zip: LAKE WALES, FL 33859 City-St-Zip: LAKE WALES, FL 33859 Title: () Delete Title: MGRM (X) Change ( ) Addition BARNES, MARY ANN G BARNES, MARY ANN G Name: Name: Address: 4047 ASHTON CLUB DRIVE Address: 4047 ASHTON CLUB DRIVE LAKE WALES, FL 33859 LAKE WALES, FL 33859 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: MGRM ( ) Delete

 Name:
 Name:
 BARNES, DANIEL J

 Address:
 Address:
 4047 ASHTON CLUB DRIVE

 City-St-Zip:
 City-St-Zip:
 LAKE WALES, FL 33859

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.

SIGNATURE: JOHN P. BARNES MGRM 01/17/2007