


AMENDED

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

05 APR 14 PM 2:26

CLERK, TANYA M. STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # P04050452597 | |  | |
| 1. Entry Name LAKE IN THE WOODS, INC. | | | |
| Principal Place of Business 6915 S.R. 54 NEW PORT RICHEY FL 34653 | | Mailing Address 6915 S.R. 54 NEW PORT RICHEY FL 34653 | |
| 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 59-3788660 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLACKWELL, GARY L 6915 S.R. 54 NEW PORT RICHEY FL 34653 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when withdrawing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 8. 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLACKWELL, GARY L | NAME | President Gary L. Blackwell |
| STREET ADDRESS | 6915 S.R. 54 | STREET ADDRESS | 6915 S.R. 54 |
| CITY-STATE-ZIP | NEW PORT RICHEY FL 34653 | CITY-STATE-ZIP | New Port Richey, FL 34653 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALLACE, ALAN R | NAME | Vice President Alan R. Wallace |
| STREET ADDRESS | 3917 EAGLE FLIGHT LANE | STREET ADDRESS | 3917 Eagle Flight Lane |
| CITY-STATE-ZIP | LAND A LAKES FL 34639 | CITY-STATE-ZIP | Land A Lakes, FL 34639 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Secretary-Treasurer Jacqueline L. Olson |
| STREET ADDRESS | | STREET ADDRESS | 6915 S.R. 54 |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | New Port Richey, FL 34653 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Gary L. Blackwell</i> - President | | Date: 4/13/05 727-842-2571 | |
| PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR | | City/State/Phone # | |



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 314696 7460221

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 61.25

ORDER DATE : April 14, 2005

ORDER TIME : 10:59 AM

ORDER NO. : 314696-005

CUSTOMER NO: 7460221

CUSTOMER: Ms. Jackie Olson
Blackwell Investments, Inc.
P.O. Box 1270
New Port Richey, FL 34656-1270

ANNUAL REPORT FILING

AMENDED

NAME: LAKE IN THE WOODS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney-EXT#2916

EXAMINER'S INITIALS: _____

05 APR 14 PM 12:57
 STATE OF FLORIDA
 TALLAHASSEE