


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000152597
1. Entity Name
LAKE IN THE WOODS, INC.



Principal Place of Business Mailing Address
6915 S.R. 54 **6915 S.R. 54**
NEW PORT RICHEY, FL 34653 **NEW PORT RICHEY, FL 34653**

DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
58-3788660 *Not Applicable*

5. Certificate of Status Desired **\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000493754
04/20/06-80017-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLACKWELL, GARY L
STREET ADDRESS	6915 S.R. 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	WALLACE, ALAN R
STREET ADDRESS	3917 EAGLE FLIGHT LANE
CITY-ST-ZIP	LAND A LAKES, FL 34639
TITLE	P
NAME	BLACKWELL, GARY L
STREET ADDRESS	6915 S.R. 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	VP
NAME	WALLACE, ALAN R
STREET ADDRESS	3917 EAGLE FLIGHT LANE
CITY-ST-ZIP	LAND A LAKES, FL 34639
TITLE	ST
NAME	OLSON, JACQUELINE L
STREET ADDRESS	6915 S.R. 64 FLIGHT LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/4/06** Daytime Phone # **727-842-2571**