

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 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**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3788660** Applied For
 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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete BLACKWELL, GARY L 6915 S.R. 54 NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete WALLACE, ALAN R 3917 EAGLE FLIGHT LANE LAND A LAKES FL 34639
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete BLACKWELL, GARY L 6915 S.R. 54 NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <input type="checkbox"/> Delete WALLACE, ALAN R 3917 EAGLE FLIGHT LANE LAND A LAKES FL 34639
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST <input type="checkbox"/> Delete OLSON, JACQUELINE L 6915 S.R. 54 FLIGHT LANE NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000631327 02/20/07-80043-015 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Gary Blackwell** **01/8/07** **727-842-2571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #