

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90014 001 ***300.00

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1. Entity Name
LAKEWOOD PARK INVESTMENTS, INC.



Principal Place of Business
1220 JIMMY ANN DRIVE
DAYTONA BEACH, FL 32117 US

Mailing Address
1220 JIMMY ANN DRIVE
DAYTONA BEACH, FL 32117 US

00010000



07222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2060192

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARE, MARIA C
208 ZAHARIAS CIRCLE
DAYTONA BEACH, FL 32124

**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

Signature, 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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WARE, MARIA C
208 ZAHARIAS CIRCLE
DAYTONA BEACH, FL 32124

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: *Maria C. Ware*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-08
Date

386/274-1828
Daytime Phone #