


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000018016**

1. Entity Name  
 LAKE ALFRED CREEK ESTATES, INC.



Principal Place of Business  
 2281 LEE RD STE 204  
 WINTER PK, FL 32789

Mailing Address  
 2281 LEE RD STE 204  
 WINTER PK, FL 32789



03192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0739131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PIETKIEWICZ, STANLEY T  
 2281 LEE RD STE 204  
 WINTER PK, FL 32789

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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 PIETKIEWICZ, STANLEY T 2281 LEE RD STE 204 WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, DELL 2281 LEE RD STE 204 WINTER PK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATANICH, SAMUEL L 874 WINDCREST PL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000693473  
 04/16/07-80041-010 150.00

**DO NOT WRITE 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 attachments, with all other like empowered.

**SIGNATURE:**  **3-27-07** **407-645-1965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #