2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000018016

1. Entity Name
LAKE ALFRED CREEK ESTATES, INC.

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

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number 02-0739131	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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
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	D
NAME	PIETKIEWICZ, STANLEY T
STREET ADDRESS	2281 LEE RD STE 204
CITY-ST-ZIP	WINTER PK, FL 32789

TITLE	D
NAME	AVERY, DELL
STREET ADDRESS	2281 LEE RD STE 204
CITY-ST-ZIP	WINTER PK, FL 32789

TITLE	D
NAME	KATANICH, SAMUEL L
STREET ADDRESS	874 WINDCREST PL
CITY-ST-ZIP	WINTER SRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80041-010 150.00

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