

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000056378

1. Entity Name
LAKE AREA AUTOMOTIVE, INC.



Principal Place of Business
899 N. SR 21
MELROSE, FL 32666

Mailing Address

899 N. SR 21
MELROSE, FL 32666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232006 Chg-P CR2E034 (11/05)

4. FEI Number

20-2686470

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VANTASSEL, RANDALL E
505 N. SR 21
HAWTHORNE, FL 32640

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME VANTASSEL, RANDALL E
STREET ADDRESS 505 N. SR 21
CITY-ST-ZIP HAWTHORNE, FL 32640

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**V/S
VANTASSEL, DEBORAH M.
505 N. SR 21
HAWTHORNE, FL 32640**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

3/10/06 352-475-5897
Date Daytime Phone #

**FILED
Mar 15, 2006 8:00 am
Secretary of State**

03-15-2006 90086 029 ***150.00