

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106133

FILED  
Aug 05, 2008  
Secretary of State

Entity Name: LAKESIDE PROPERTIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5906 SW LUDLUM ST.  
PALM CITY, FL 34990

**New Principal Place of Business:**

4372 SW ELAINE CT  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

5906 SW LUDLUM ST.  
PALM CITY, FL 34990

**New Mailing Address:**

4372 SW ELAINE CT  
PORT ST LUCIE, FL 34953

FEI Number: 20-3258226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, ISABELLE  
5906 SW LUDLUM ST.  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

MILLER, ISABELLE  
4372 SW ELAINE CT  
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: \_\_\_\_\_

08/05/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: LYNN, SANDRA T  
Address: 830 NORTH KROME AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: DP ( ) Delete  
Name: MILLER, ISABELLE  
Address: 5906 SW LUDLUM ST.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: MILLER, BRUCE R  
Address: 4372 SW ELAINE CT  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DP (X) Change ( ) Addition  
Name: MILLER, ISABELLE  
Address: 4372 SW ELAINE CT  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE MILLER

DP

08/05/2008

Electronic Signature of Signing Officer or Director

Date