## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000114996

Entity Name: LAKESIDE TITLE, INC.

**FILED** Apr 19, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1221 PILGRIM AVENUE 413 S. SUMMIT STREET DELTONA, FL 32725 US

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CRESCENT CITY, FL 32112 US

**Current Mailing Address: New Mailing Address:** 

1221 PILGRIM AVENUE 413 S. SUMMIT STREET DELTONA, FL 32725 US

CRESCENT CITY, FL 32112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-3402846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

COONEY, DONNA S COONEY, DONNA S 1221 PILGRIM AVENUE 413 S. SUMMIT STREET DELTONA, FL 32725

CRESCENT CITY, FL 32112 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: DONNA S. COONEY 04/19/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete Title: (X) Change ( ) Addition

COONEY, DONNA S COONEY, DONNA S Name: Name: 1221 PILGRIM AVENUE 318 KEOWN AVENUE Address: Address: City-St-Zip: DELTONA, FL 32725 US City-St-Zip: POMONA PARK, FL 32181 US

( ) Delete VΡ Title: VΡ (X) Change ( ) Addition Title: Name: MAZE, ANGELA Name: COONEY, RICHARD N

1221 PILGRIM AVENUE 318 KEOWN AVENUE Address: Address: DELTONA, FL 32725 US POMONA PARK, FL 32181 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: DONNA S. COONEY 04/19/2006