

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139694

FILED
Aug 05, 2008
Secretary of State

Entity Name: LAKESIDE PROPERTIES OF CENTRAL 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: 20-3622354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MILLER, BRUCE
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
Address: 830 NORTH KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

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

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

Title: D (X) Change () Addition
Name: MILLER, BRUCE
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: BRUCE MILLER

D

08/05/2008

Electronic Signature of Signing Officer or Director

Date