

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000154834

1. Entity Name
LAKE SHORE RESORT OF LAKE PLACID, INC.



Principal Place of Business
121 SUNSET DRIVE
LAKE PLACID, FL 33852 US

Mailing Address
417 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3841400

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANTLEY, WILLIAM K II
417 EAST INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

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 reappointing)

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
NAME
PVPD
BRANTLEY, WILLIAM K II
STREET ADDRESS
417 EAST INTERLAKE BOULEVARD
CITY-STATE-ZIP
LAKE PLACID, FL 33852 ☐ Delete

TITLE
NAME
ST
BRANTLEY, WILLIAM K II
STREET ADDRESS
417 EAST INTERLAKE BOULEVARD
CITY-STATE-ZIP
LAKE PLACID, FL 33852 ☐ Delete

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CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
11000000478140
04/07/06-80019-023 158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

William K Brantley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/06

Date

863-441-2659

Daytime Phone #