


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 023 ***150.00

DOCUMENT # P05000164418 1. Entity Name LAKE COUNTY MILLWORK, INC.	
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Principal Place of Business 31133 INDUSTRY DR. TAVARES, FL 32778	Mailing Address 31133 INDUSTRY DR. TAVARES, FL 32778
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DO NOT WRITE IN THIS SPACE

06292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4084492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KORNACKER, JOSEPH <i>R.P. P.</i> 31133 INDUSTRY DR. TAVARES, FL 32778
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>B P 200 P</i> KORNACKER, JOSEPH P 31133 INDUSTRY DR. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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: *Joseph P. P.*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

08-09-07 352/343-5566
Date Daytime Phone #

1. Entity Name
LAKE COUNTY MILLWORK, INC.



Principal Place of Business
31133 INDUSTRY DR.
TAVARES, FL 32778

Mailing Address
31133 INDUSTRY DR.
TAVARES, FL 32778

ATTACHMENT

40129128

06292007 No Chg-P CR2E034 (11/05)

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20-4084492
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
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6. Name and Address of Current Registered Agent

KORNACKER, JOSEPH R. P.
31133 INDUSTRY DR.
TAVARES, FL 32778

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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10. OFFICERS AND DIRECTORS

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NAME
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CITY-ST-ZIP
KORNACKER, JOSEPH P
31133 INDUSTRY DR.
TAVARES, FL 32778

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