

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062260

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: LAKE PLACID HOSPITALITY CORP.

## Current Principal Place of Business:

2165 US 27 SOUTH  
LAKE PLACID, FL 33852

## New Principal Place of Business:

## Current Mailing Address:

2165 US 27 SOUTH  
LAKE PLACID, FL 33852

## New Mailing Address:

FEI Number: 20-4823297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ATTREE, RUSSELL  
2165 US 27 SOUTH  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

ATTREE, RUSSELL  
2165 US 27 SOUTH  
LAKE PLACID, FL 33852 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: RUSSELL ATTREE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ATTREE, RUSSELL  
Address: 2165 US 27 SOUTH  
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete  
Name: ATTREE, JOSHUA  
Address: 2165 US 27 SOUTH  
City-St-Zip: LAKE PLACID, FL 33852

Title: VD ( ) Delete  
Name: ATTREE, PETER W  
Address: 2165 US 27 SOUTH  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RUSSELL ATTREE

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date