

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 043 ***150.00

DOCUMENT # P06000065798

1. Entity Name

CHAIN OF LAKES MARINE STORAGE CENTER, INC.



Principal Place of Business

9457 WATERFORD OAKS DR.
WINTER HAVEN FL 33884

Mailing Address

9457 WATERFORD OAKS DR.
WINTER HAVEN FL 33884



2. Principal Place of Business - No P.O. Box #

707 AVE. K, S.W.

3. Mailing Address

707 AVE. K, S.W.

Suite, Apt. #, etc.

WINTER HAVEN, FL

Suite, Apt. #, etc.

WINTER HAVEN, FL

City & State

City & State

Zip
33880

Country
POLK

Zip
33880

Country
POLK

1st MOORE

CR2E034 (10/07)

4. FEI Number
20-5300095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCIER, MARK C
9457 WATERFORD OAKS DR.
WINTER HAVEN FL 33884

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 Mark C Mercier MARK C. MERCIER

3-5-2008

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MERCIER, MARK C
STREET ADDRESS 9457 WATERFORD OAKS DR.
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE D ☐ Delete
NAME MERCIER, KAREN F
STREET ADDRESS 9457 WATERFORD OAKS DR.
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen F. Mercier KAREN F. MERCIER 3-5-2008 (863) 318-0131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days/Hours/Minutes