

2007 FOR PROFIT CORPORATION ANNUAL REPORT


2/12.

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-12-2007 90080 049 ***150.00

DOCUMENT # P06000091196

1. Entity Name
LAKE ALFRED ENTERPRISE, INC.



Principal Place of Business Mailing Address
P.O. BOX 999 P.O. BOX 999
LAKE ALFRED, FL 33850 LAKE ALFRED, FL 33850

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
820 S. Lakeshore Way **P.O. Box 999**
Suite, Apt. #, etc. Suite, Apt. #, etc.



02062007 Chg-P CR2E034 (12/06)

City & State City & State
Lake Alfred, FL **Lake Alfred**
Zip Country Zip Country
33850 **FL** **33850** **FL**

4. FEI Number Applied For
20-5192672 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUMMERS, ANNA
820 S. LAKESHORE WAY
LAKE ALFRED, FL 33850

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	President ANNA SUMMERS 820 S. Lakeshore Way LAKE ALFRED, FL 33850	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ANNA F. SUMMERS - ANNA F. SUMMERS 2-5-07 863-956-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #