2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000091196

1. Entity Name
LAKE ALFRED ENTERPRISE, INC.

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

DO NOT WRITE IN THIS SPACE

01082008   No Chg-P   CR2E034 (11/05)

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

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U000000806665
- 02/06/08-80052-002 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	SUMMERS, ANNA	
STREET ADDRESS	820 S. LAKESHORE WAY	
CITY-ST-ZIP	LAKE ALFRED, FL 33850	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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   1-28-08   (863)956-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #