

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099621

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** SWIM GYM OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

2605 SR 19  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

2825 LAKESHORE DR.  
MOUNT DORA, FL 32757 US

**New Mailing Address:**

**FEI Number:** 20-5381910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TUCKER, LORI  
2825 LAKESHORE DR.  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TUCKER, LORI  
**Address:** 2825 LAKESHORE DR.  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** D  
**Name:** TUCKER, PAUL T  
**Address:** 2825 LAKESHORE DR.  
**City-St-Zip:** MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

**SIGNATURE:** LORI TUCKER

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date