


FROM :

FAX NO. : 7241102

Sep. 10 2008 10:47AM P2

### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/28/2008-90001-010-\$150.00-\$150.00

|  |                   |  |  |  |                                   |
|--|-------------------|--|--|--|-----------------------------------|
| <b>DOCUMENT # P07000045304</b>   |                   |  |  |         |                                   |
| 1. Entity Name<br>ENCHANTED LAKES, INC.  |                   |  |  |  |                                   |
| Principal Place of Business<br>750 MALABAR ROAD<br>MALABAR, FL 32950   |                   |  | Mailing Address<br>750 MALABAR ROAD<br>MALABAR, FL 32950 |  |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                   |  | 3. Mailing Address                                       |  |                                   |
| Suite, Apt. #, etc.  |                   |  | Suite, Apt. #, etc.                                      |  |                                   |
| City & State   |                   |  | City & State   |  |                                   |
| Zip  |                   | Country  | Zip  |  | Country                           |
| 4. FEI Number<br><b>20-8832492</b>   |                   |  |  | Applied For<br>Not Applicable  |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                   |  |  | \$8.75 Additional Fee Required   |                                   |
| 6. Name and Address of Current Registered Agent  |                   |  |  | 7. Name and Address of New Registered Agent  |                                   |
| FREDRICKS, LOIS A<br>1501 R J CONLAN BLVD<br>170<br>PALM BAY, FL 32905   |                   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____   |                   |  |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>   |                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees  |                                   |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |                   |  |  |  |                                   |
| 10. OFFICERS AND DIRECTORS   |                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |  |                                   |
| TITLE  | P                 | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | VARCO, ANNE       |  | NAME   |  |                                   |
| STREET ADDRESS   | 750 MALABAR RD    |  | STREET ADDRESS   |  |                                   |
| CITY- ST- ZIP  | MALABAR, FL 32950 |  | CITY- ST- ZIP  |  |                                   |
| TITLE  | VP                | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | VARCO, CALOGERO   |  | NAME   |  |                                   |
| STREET ADDRESS   | 750 MALABAR RD    |  | STREET ADDRESS   |  |                                   |
| CITY- ST- ZIP  | MALABAR, FL 32950 |  | CITY- ST- ZIP  |  |                                   |
| TITLE  |                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                   |  | NAME   |  |                                   |
| STREET ADDRESS   |                   |  | STREET ADDRESS   |  |                                   |
| CITY- ST- ZIP  |                   |  | CITY- ST- ZIP  |  |                                   |
| TITLE  |                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                   |  | NAME   |  |                                   |
| STREET ADDRESS   |                   |  | STREET ADDRESS   |  |                                   |
| CITY- ST- ZIP  |                   |  | CITY- ST- ZIP  |  |                                   |
| TITLE  |                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                   |  | NAME   |  |                                   |
| STREET ADDRESS   |                   |  | STREET ADDRESS   |  |                                   |
| CITY- ST- ZIP  |                   |  | CITY- ST- ZIP  |  |                                   |
| 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 of 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: <i>[Signature]</i>  |                   |  |  | Date: <i>8/25/08</i>   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                   |  |  | Date   |                                   |

FILED  
08 SEP 15 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08182008 Cng-P CR2E034 (12/08)

4. FEI Number  
**20-8832492**

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

6. Name and Address of Current Registered Agent  
FREDRICKS, LOIS A  
1501 R J CONLAN BLVD  
170  
PALM BAY, FL 32905

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008** 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |                   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|-------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | P                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | VARCO, ANNE       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 750 MALABAR RD    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              | MALABAR, FL 32950 |                                 | CITY- ST- ZIP   |                                 |                                   |
| TITLE                      | VP                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | VARCO, CALOGERO   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 750 MALABAR RD    |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              | MALABAR, FL 32950 |                                 | CITY- ST- ZIP   |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              |                   |                                 | CITY- ST- ZIP   |                                 |                                   |
| TITLE                      |                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP              |                   |                                 | CITY- ST- ZIP   |                                 |                                   |

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 of 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: *[Signature]* Date: *8/25/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date