## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P93000033410 1. Entity Name B. C. L. OF LAKE COUNTY, INC. Principal Place of Business Mailing Address **570 GOLDEN GEM DR** P 0 BOX 2250 UMATILLA, FL 32784 UMATILLA, FL 32784 US 04242007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3191247 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYAN, RUSSELL G DO NOT WRITE 570 GOLDEN GEM DR P O BOX 2250 IN THIS SPACE UMATILLA, FL 32784 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. Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME BRYAN, GR STREET ADDRESS 570 GOLDEN GEM DR CITY-ST-ZIP UMATILLA, FL vs TITLE NAME BRYAN, GR STREET ADDRESS P O BOX 210 N/A U00000737591 CITY-S1-7IP UMATILLA, FL 32784 05/11/07-80032-021 150.00 TITLE CADWELL, WELTON G NAME P O BOX 493 N/A STREET ADDRESS DO NOT WRITE CITY-ST-ZIP UMATILLA, FL 32784 TITLE IN THIS SPACE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

> USILL ER OR DIRECTOR

**FILED**