


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**RECEIVED**  
**FILED**  
FEB 07 2007  
Feb 07, 2007 08:00 A  
Secretary of State

DOCUMENT # P93000058886	
1. Entity Name LAKE JUDY LEE CORPORATION, INC.	

Principal Place of Business 1715 EAST BAY DRIVE LARGO, FL	Mailing Address 418 MIDWAY ISLAND CLEARWATER BEACH, FL 33767 US
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**DO NOT WRITE IN THIS SPACE**

02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3200638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAYES, ELIZABETH  
418 MIDWAY ISLAND  
CLEARWATER BEACH, FL 33767

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000625392 02/14/07-80073-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEHLER, MANFRED WALDRING 3 76337 WALDBRONN, GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYES, ELIZABETH 418 MIDWAY ISLAND CLEARWATER, FL
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**DO NOT WRITE IN THIS SPACE**

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: *Elizabeth Hayes* 2/2/07 727-464-2386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #