2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 29, 2007 08:00 AM DOCUMENT # P93000079854 1. Entity Name **Secretary of State** LAKE JOSEPHINE INC. Principal Place of Business Mailing Address 3906 MADRID COURT 3906 MADRID COURT PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito Apt. #, atc Suito Apt # etc 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 65-0451781 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAUMANN, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 3906 MADRID COURT PUNTA GORDA FL 33950 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete HILE Change Addition NAUMANN, THEODORE R NAME NAME 000000607828 01/31/07-80053-007 150.00 3906 MADRID COURT STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-S1-ZIP CITY-ST-ZIP Change ☐ Addition THE ☐ Delete HHE NAUMANN, SHIRLEY ANN NAME NAME 3906 MADRID COURT STRUCT ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY - ST-ZIP CITY-ST-ZIP THE ☐ Delete Addition BISHTON, HARRY NAME NAME STREET ADDRESS 4912 FOREST GROVE STREET ADDRESS CITY - ST - ZIP FT. WAYNE IN 46835 CITY-SI-ZIP HILE Delete TILLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP TITLE HILE ☐ Delete ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 tike empowered.

THEODORE R NAUMANN 1-26-07 6392900

OFFICER OR DIRECTOR

Date

Description Proces

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