## 2008 FOR PROFIT CORPORATION

**FILED ANNUAL REPORT** May 07, 2008 08:00 AN Secretary of State DOCUMENT # P93000086267 --1. Entity Name SHOPPES OF LAKESIDE, INC. Principal Place of Business Mailing Address 2275 ATLANTIC BLVD P 0 BOX 330108 NEPTUNE BEACH, FL 32266 US ATLANTIC BEACH, FL 32233-0108 05062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3212975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORRELL, MARY C DO NOT WRITE 2275 ATLANTIC BLVD NEPTUNE BEACH, FL 32266 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. U00000949084 SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS PTSD TITLE HIONIDES, CHRIS NAME 2275 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with an accuration indicated on this report or supplenfental report is true and accurate of the corporation or the receiver of rustee empowered to execute the corporation of the receiver of rustee empowered to execute the corporation of the receiver of the corporation of the rust and the rust and the rust are considered. 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 nd accurate and 131 my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of other like employed.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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