

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90379 034 ***150.00

DOCUMENT # P94000010780

1. Entity Name
D R LAKES, INC.



Principal Place of Business
**1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401**

Mailing Address
**1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401**

40086241



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0466900

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, MICHAEL E
1800 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DELLA RATTA, JOSEPH M
STREET ADDRESS 18385 SE VILLAGE CIRCLE
CITY-ST-ZIP TEQUESTA, FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1800 Palm Beach Lakes Blvd.
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE VP ☐ Delete
NAME DELLA RATTA, J RAPHAEL
STREET ADDRESS RT 91
CITY-ST-ZIP GLENWOOD, MD

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3890 Rt. 97
CITY-ST-ZIP

TITLE T ☐ Delete
NAME RATTA-REDMOND, JENNIFER DELLA
STREET ADDRESS 4271 N 38TH STREET
CITY-ST-ZIP ARLINGTON, VA 22207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME WOOD, MICHAEL E
STREET ADDRESS 1800 PALM BEACH LAKES BLVD
CITY-ST-ZIP WEST PALM BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GRIMM, ELIZABETH
STREET ADDRESS 3890 RT 97
CITY-ST-ZIP GLENWOOD, MD 21738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WOOD

4-24-2008

Date

561-863-8810

Daytime Phone #