# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2009**
**Secretary of State**

DOCUMENT# P94000010780

**Entity Name:** D R LAKES, INC.

**Current Principal Place of Business:**

1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number: 65-0466900** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: MICHAEL WOOD 02/27/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DELLA RATTA, JOSEPH M
Address: 1800 PALM BEACH LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete
Name: DELLA RATTA, J RAPHAEL
Address: RT 91
City-St-Zip: GLENWOOD, MD

Title: T ( ) Delete
Name: RATTA-REDMOND, JENNIFER DELLA
Address: 4271 N 38TH STREET
City-St-Zip: ARLINGTON, VA 22207

Title: VS ( ) Delete
Name: WOOD, MICHAEL E
Address: 1800 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: S ( ) Delete
Name: GRIMM, ELIZABETH
Address: 3890 RT 97
City-St-Zip: GLENNWOOD, MD 21738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: WOOD, MICHAEL E
Address: 1800 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WOOD VP 02/27/2009
Electronic Signature of Signing Officer or Director Date