

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90302 030 ***150.00

DOCUMENT # P94000043554

1. Entity Name

LAKE PRICE INVESTMENTS, INC.



Principal Place of Business

2836 ENTERPRISE RD
STE 5
DEBARY FL 32713
US

Mailing Address

2836 ENTERPRISE RD
STE 5
DEBARY FL 32713
US

2. Principal Place of Business

3. Mailing Address

1325 MERRIFIELD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA FL

Zip

Country

Zip

32725

Country

4. FEI Number

59-3330436

Applied For

Not Applicable

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

SLUTSKY, ERWIN H
582 N. VOLUSIA AVE
ORANGE CITY FL 32763

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

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4/5/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MCVEAN, VIENNA	
STREET ADDRESS	1325 MERRIFIELD CT	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCVEAN, VIENNA	
STREET ADDRESS	1325 MERRIFIELD CT	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCVEAN, JOHN	
STREET ADDRESS	1325 MERRIFIELD CT	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCVEAN, JOHN	
STREET ADDRESS	1325 MERRIFIELD CT	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Daytime Phone #