

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053344

Entity Name: LAKE ASBURY PLAZA, INC.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

462 KINGSLEY AVE.
SUITE 101
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 868
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-3297930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLSON, JOHN F JR
462 KINGSLEY AVE., STE 101
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KERRY RIFKIN,
Address: 3815 ELDRIDGE AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: CHARLES L. COTTEN,
Address: 4549 BASS PLACE SOUTH
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD () Delete
Name: JOAN J. BAZLEY,
Address: POB 868
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: CHERYL M. DELLINGER,
Address: 930 BIRDWOOD DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: OMAR E. DAJANI,
Address: 3829 TIMUQANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: SOLON, ELLMAKER J
Address: 2538 RED FOX ROAD
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: JOAN J. BAZLEY,
Address: PO BOX 868
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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

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: CHARLES L. COTTEN

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date