

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000065521

1. Entity Name  
LAKE ORIOLE RANCH, INC.



**FILED  
Feb 09, 2007 08:00 AM  
Secretary of State**

Principal Place of Business  
8481 CROOM RITAL RD  
BROOKSVILLE, FL 34602 US

Mailing Address  
8481 CROOM RITAL RD  
BROOKSVILLE, FL 34602 US



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3266253	Applied For <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GAZZMAN, ALAN S  
1245 COURT ST.  
SUITE 102  
CLEARWATER, FL 34616

**DO NOT WRITE  
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.

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000629098 02/16/07-80043-018-150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROSA, WILLIAM R SR. 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROSA, DOROTHY 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROSA, STEPHEN C 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROSA, WILLIAM R JR 8481 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROSA, SUSAN G 8485 CROOM RITAL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Dorothy LaRosa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 352-799-5202  
Date Daytime Phone #