

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000066020**

**1. Corporation Name**  
**V LAKELAKE HOME PROPERTIES, INC.**

**2. Principal Place of Business**  
**6. LAKE CHARM CIR**  
**OVIEDO FL 32765**

**3. Mailing Address**  
**P.O. BOX 62-1081**  
**OVIEDO FL 32762**  
**US**

**4. FEI Number** **59-3266102** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**BRUCE, ELDRED P**  
**6365 LAKE CHARM CIR**  
**OVIEDO FL 32765**

**7. Name and Address of New Registered Agent**  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**8. I, 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.**

**9. Signature, typed or printed name of registered agent and title of applicant** (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_



1st MOORE CR2E034 (10/05)

<b>FILE NOW!!! FEE IS \$150.00</b>		<b>9. Election Campaign Financing</b> <b>\$5.00</b> May E	
<b>After May 1, 2006 Fee Will Be \$550.00</b>		Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
DP	BRUCE, ELDRED P		
6365 LAKE CHARM CIR.	STREET ADDRESS	U00000396238	
OVIEDO FL 32765	CITY-ST-ZIP	01/30/06-80001-015 150.00	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
DST	BRUCE, MIRIAM W		
6365 LAKE CHARM CIRCLE	STREET ADDRESS		
OVIEDO FL 32765	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
DV	BEASLEY, CHARLIE E		
901 LAKE CHARM DRIVE	STREET ADDRESS		
OVIEDO FL 32765	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

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, as changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Eldred P. Bruce* **ELDRED P. BRUCE** 1/21/06 407-366-0791