

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032173

Entity Name: LAKE VILLAGE CORPORATE, INC.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

1733 FLETCHER AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1733 FLETCHER AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3317807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205 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: PDS () Delete
Name: BARNES, TERESA
Address: PO BOX 12749 N/A
City-St-Zip: ST. PETE, FL 337332749

Title: VTD () Delete
Name: RICE, SUZANNE L
Address: 1733 FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

Title: S (X) Delete
Name: LEVIN, RICHARD
Address: 1733 WEST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D (X) Delete
Name: FERRUCCI, MARK A
Address: 1209 ORANGE STREET
City-St-Zip: WILMINGTON, DE 19801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: RICE, SUZANNE L
Address: 1733 FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

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: SUZANNE L. RICE

MGR

02/10/2009

Electronic Signature of Signing Officer or Director

Date