

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P95000048234

1. Entity Name
LAKE WORTH GENERAL, INC.



Principal Place of Business
**925 SOUTH FEDERAL HWY
SUITE 425
BOCA RATON, FL 33432 US**

Mailing Address
**PO BOX 11229
KNOXVILLE, TN 37939 US**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVIN, RICHARD
STREET ADDRESS 340 SOUTH PALM AVE APT 45
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VSD
NAME RICE, SUZANNE L
STREET ADDRESS 1733 FLETHCER AVENUE
CITY-ST-ZIP TAMPA, FL 33612

TITLE VSD
NAME LEVIN, STEVEN
STREET ADDRESS 925 SOUTH FEDERAL HWY SUITE 425
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE T
NAME LEVIN, JILL
STREET ADDRESS 5410 HOMBERG DR STE A
CITY-ST-ZIP KNOXVILLE, TN 37919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000862816
04/03/08-80064-023 150.00

**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 reports 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: _____

Jill Levin, Treasurer

2/4/08

(865) 584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #