2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000001156

1. Entity Name

LAKE DIABETES SUPPLY, INC.

Principal Place of Business	Mailing Address
508 N HARBOR CITY BLVD MELBOURNE FL 32935-6838	2555 SO ATLANTIC AVE SUITE 1205 DAYTONA BEACH SHORES FL 32118-5536

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3349173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARTWELL, RICHARD B
2555 SO ATLANTIC AVE.
UNIT 1205
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARTWELL, MARK		NAME	
STREET ADDRESS	13141 WHITEHAVEN LANE		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	000000404801 02/07/06-80017-004 150.00
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARTWELL, RICHARD B		NAME	
STREET ADDRESS	2555 SO ATLANTIC AVE. # 1205		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARTWELL, JOANNE B		NAME	
STREET ADDRESS	2555 SO ATLANTIC AVE. # 1205		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARTWELL, PHILIP M		NAME	
STREET ADDRESS	1612 CLOVER CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEIMAN, KATHRYN M		NAME	
STREET ADDRESS	36932 SLICE CANE		STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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

SIGNATURE: Richard B. Hartwell Richard B HARTWELL 1-24-06 386304-5941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #