2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# P96000001156

Entity Name: LAKE DIABETES SUPPLY, INC.

Current Principal Place of Business:

508 N HARBOR CITY BLVD
MELBOURNE, FL 329356838

New Principal Place of Business:

Current Mailing Address:

2555 SO ATLANTIC AVE
SUITE 1205
DAYTONA BEACH SHORES, FL 321185536

New Mailing Address:

FEI Number: 59-3349173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTWELL, RICHARD B
2555 SO ATLANTIC AVE.
UNIT 1205
DAYTONA BEACH, FL 32118 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:	VP	( ) Delete
Name:	HARTWELL, MARK	
Address:	13141 WHITEHAVEN LANE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	P	( ) Delete
Name:	HARTWELL, RICHARD B	
Address:	2555 SO ATLANTIC AVE. # 1205	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	S	( ) Delete
Name:	HARTWELL, JOANNE B	
Address:	2555 SO ATLANTIC AVE. # 1205	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	VP	( ) Delete
Name:	HARTWELL, PHILIP M	
Address:	1612 CLOVER CIRCLE	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	D	( ) Delete
Name:	NEIMAN, KATHRYN M	
Address:	36932 SLICE CANE	
City-St-Zip:	GRAND ISLAND, FL 32735	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	NEIMAN, KATHRYN M	
Address:	36932 SLICE LANE	
City-St-Zip:	GRAND ISLAND, FL 32735	

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: RICHARD B. HARTWELL P 02/13/2009
Electronic Signature of Signing Officer or Director — Date