

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000030103

1. Entity Name

LAKE SEMINOLE PROPERTIES, INC.



Principal Place of Business

8166 HIGHWAY 90
SNEADS, FL 32460

Mailing Address

P.O. BOX 610
SNEADS, FL 32460



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3379455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDANIEL, CODY
2200 EL BETHEL CHURCH RD
GRAND RIDGE, FL 32442

**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 reinstating)

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

U000000933197
05/22/08-80086-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MCDANIEL, WILLIAM R
STREET ADDRESS	LEXINGTON LANE
CITY-ST-ZIP	CYPRESS, FL 32432
TITLE	TRSR
NAME	MCDANIEL, CODY G
STREET ADDRESS	2200 EL BETHEL CHURCH RD
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	SRTY
NAME	MCDANIEL, JONATHAN A
STREET ADDRESS	1700 LEXINGTON LANE
CITY-ST-ZIP	CYPRESS, FL 32432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #