


FILED
Feb 27, 2006 8:00 am
Secretary of State

40018923

DOCUMENT # P98000020760				02-27-2006 90061 004 ***150.00	
1. Entity Name LAKE JOVITA ASSOCIATES, INC.					
Principal Place of Business 14651 21 STREET DADE CITY, FL 33523			Mailing Address P.O. BOX 278 DADE CITY, FL 33526		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3514097	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, BILLY E 14651 21 STREET DADE CITY, FL 33523				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11/1/00 -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VP SCHRADER, TERRENCE E P.O. BOX 205 SAN ANTONIO, FL 335760205			Change Addition		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
ST HINES, JAMES 14651 21 STREET DADE CITY, FL 33523			Change Addition		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D HUNNICUTT, JACK 14651 21 STREET DADE CITY, FL 33523			Change Addition		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D MCBRIDE, CHARLES 14651 21 STREET DADE CITY, FL 33523			Change Addition		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P STRICKLAND, ROBERT W 10175 PLYMOUTH TERRACE S HOMOSASSA, FL 34448			Change Addition		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D OVERSTREET, C.M. 14651 21 STREET DADE CITY, FL 33523			Change Addition		
Delete			Change Addition		
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: _____ Date: 2/23/06 (352) 567-5133					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					