

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90140 039 ***150.00

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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**

40033700



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3514097

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, BILLY E
14651 21 STREET
DADE CITY, FL 33523**

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, 2008 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCHRADER, TERRENCE E
P.O. BOX 205
SAN ANTONIO, FL 335760205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENGESBACH, ALAN F
6122 BEAR TRAIL
WEEKI WACHI, FL 34607** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HINES, JAMES
14651 21 STREET
DADE CITY, FL 33523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BECHTELHEIMER, LEONARD
18168 PARSONS ROAD
BROOKSVILLE, FL 34601** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUNNICUTT, JACK
14651 21 STREET
DADE CITY, FL 33523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LITTLE, DESMOND G
9027 PENNANT COURT
NEW PORT RICHEY, FL 34654** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCBRIDE, CHARLES
14651 21 STREET
DADE CITY, FL 33523** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LITTLE, PAUL R
9027 PENNANT COURT
NEW PORT RICHEY, FL 34654** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STRICKLAND, ROBERT W
10175 PLYMOUTH TERRACE S
HOMOSASSA, FL 34448** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OVERSTREET, C.M.
14651 21 STREET
DADE CITY, FL 33523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 (352)567-5133

Date Daytime Phone #