

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020760

Entity Name: LAKE JOVITA ASSOCIATES, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

14651 21 STREET
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 278
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 59-3514097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, BILLY E
14651 21 STREET
DADE CITY, FL 33523 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: SCHRADER, TERRENCE E
Address: P.O. BOX 205
City-St-Zip: SAN ANTONIO, FL 335760205

Title: ST () Delete
Name: HINES, JAMES
Address: 14651 21 STREET
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: HUNNICUTT, JACK
Address: 14651 21 STREET
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: HENGESBACH, ALAN F
Address: 6122 BEAR TRAIL
City-St-Zip: WEEKI WACHI, FL 34607

Title: P () Delete
Name: STRICKLAND, ROBERT W
Address: 10175 PLYMOUTH TERRACE S
City-St-Zip: HOMOSASSA, FL 34448

Title: D () Delete
Name: OVERSTREET, C.M.
Address: 14651 21 STREET
City-St-Zip: DADE CITY, FL 33523

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILLY E. BROWN

MGR

04/24/2009

Electronic Signature of Signing Officer or Director

Date