

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000021297

1. Entity Name
LAKEWOOD INVESTMENT GROUP, INC.



Principal Place of Business
155 VALENCIA AVE
OAK HILL, FL 32759 US

Mailing Address
P.O. BOX 510
OAK HILL, FL 32759 US



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3496398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES INC
150 MAGNOLIA AV
DAYTONA BEACH, FL 32114

**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

George R. Lees

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000551528
05/13/06-80101-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEES, GEORGE
3540 JOHN ANDERSON
ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
EDMONSON, FLYNN
807 N. ANDERSON
BUNNELL, FL 32110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LEES, DELORES
3540 JOHN ANDERSON
ORMOND BEACH, FL 32176

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:

George R. Lees
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 386-345-0267
Date Daytime Phone #