


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90301 001 ***750.00

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| DOCUMENT # P98000038158 | |  |
| 1. Entity Name LAKEWOOD REALTY, INC. | | |

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| Principal Place of Business 2439 BEE RIDGE ROAD SARASOTA, FL 34239 | Mailing Address 2439 BEE RIDGE ROAD SARASOTA, FL 34239 |
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66003139

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 446 Camille Drive | 3. Mailing Address 446 Camille Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



01232007 Chg-P CR2E034 (12/06)

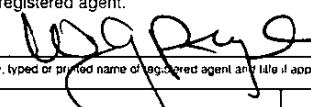
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|----------------------------|----------------------------|
| City & State Osprey, FL | City & State Osprey, FL |
| Zip 34229 | Zip 34229 |
| Country USA | Country USA |

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| 4. FEI Number 65-0838137 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| ULRICH, RICHARD A 2940 SOUTH TAMiami TRAIL SARASOTA, FL 34239 | |

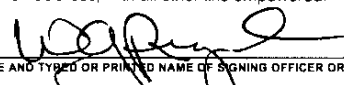
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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  | DATE 2/24/07 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP REYNOLDS, WILLIAMS GREG 2439 BEE RIDGE ROAD SARASOTA, FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVTS GILLILAND, RICHARD K 2439 BEE RIDGE ROAD SARASOTA, FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. | |
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| SIGNATURE:  | DATE 2/24/07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |