2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000085114

1. Entity Name
LAKE TOHO RESORT, INC.

Principal Place of Business	Mailing Address
1216 W WASHINGTON ST ORLANDO, FL 32805	1216 W WASHINGTON ST ORLANDO, FL 32805

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03242006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3539377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRISANTE, MICHAEL C JR
1216 W WASHINGTON ST
ORLANDO, FL 32805

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6. 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: m michael Crisante Jr 3-31-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CRISANTE, MICHAEL
STREET ADDRESS	1216 W WASHINGTON ST
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	SVP
NAME	ROBINSON, PAMELA
STREET ADDRESS	1216 W WASHINGTON ST
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	DVP
NAME	CRISANTE, ELIZABETH
STREET ADDRESS	1216 W WASHINGTON ST
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/06-80027-022 150.00

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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.

SIGNATURE: m michael Crisante 3-31-06 407-420-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #