


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000085114		
1. Entity Name LAKE TOHO RESORT, INC.		
Principal Place of Business 1216 W WASHINGTON ST ORLANDO, FL 32805	Mailing Address 1216 W WASHINGTON ST ORLANDO, FL 32805	

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01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3539377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRISANTE, MICHAEL C JR 1216 W WASHINGTON ST ORLANDO, FL 32805	DO NOT WRITE IN THIS SPACE
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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 m. Crisante Michael Crisante 1/18/07
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CRISANTE, MICHAEL 1216 W WASHINGTON ST ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ROBINSON, PAMELA 1216 W WASHINGTON ST ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRISANTE, ELIZABETH 1216 W WASHINGTON ST ORLANDO, FL 32805
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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. Crisante Michael Crisante 1-18-07 407-420-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #