

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094457

FILED
Jan 02, 2008
Secretary of State

Entity Name: LAKE MASTERS AQUATIC WEED CONTROL, INC.

Current Principal Place of Business:

3301 SE GRAN PARK WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2300
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 59-3541068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E 6TH AVE.
TALLAHASSEE, FL 32303 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: PTSD () Delete
Name: COHEN, STUART R
Address: 1963 NW 22 ST.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: ALEX, THOMAS A
Address: 11600 AUDUBOND LANE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: SMALLRIDGE, W. CLINTON
Address: P.O. BOX 212533
City-St-Zip: ROYAL PALM BEACH, FL 33421

Title: VPD () Delete
Name: MARTIN, MICHAEL D
Address: 2161 ANDREA LANE UNIT A-6
City-St-Zip: FORT MYERS, FL 33912

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
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: STUART R. COHEN

PRES

01/02/2008

Electronic Signature of Signing Officer or Director

Date