

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

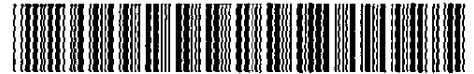
DOCUMENT # P99000004399

1. Entity Name
MICCOSUKEE LAKE RESORT, INC.



Principal Place of Business
**16025 REEVES LANDING RD.
TALLAHASSEE FL 32309**

Mailing Address
**P.O. BOX 91061
TALLAHASSEE FL 32309**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3552265** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROOKS, CORRIN
16025 REEVES LANDING BLDG
9565 BLUE GILL LANE
TALLAHASSEE FL 32309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, MICHAEL 16025 REEVES LANDING RD. TALLAHASSEE FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000478691 04/08/06-80014-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKS, CORRIN 16025 REEVES LANDING RD. TALLAHASSEE FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INGERSOLL, JAMES 16025 REEVES LANDING RD. TALLAHASSEE FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCPHERSON, REGINALD 16025 REEVES LANDING RD. TALLAHASSEE FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: CORRIN D BROOKS 3-22-06 1-850-668-1748