2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018721

City-St-Zip:

FORT MYERS, FL 33905

FILED Apr 29, 2007 Secretary of State

Entity Nai	me: LAKE E	COLOGY OF FLORIDA, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
P.O. BOX 25071 SARASOTA, FL 342772071			3800 S. TAMIAMI TRAIL SUITE 205 SARASOTA, FL 34236	US	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
P.O. BOX SARASOT	25071 A, FL 34277	2071			
FEI Number: 65-0907657 FEI Number Applied For ()		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
CLARKE, DONNA L 3313 W. FOREST LAKE CIRCLE SARASOTA, FL 34277 US			CLARKE, DONNA L 3313 W. FOREST LAKE SARASOTA, FL 34232	3313 W. FOREST LAKE CIRCLE	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU	RE:			04/29/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (CLARKE, DOI 3313 W FORE SARASOTA, F	EST LAKE CR	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D (SMITH, DORC 3393 EDGEW FORT MYERS	OOD AVE.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	D (HOISINGTON 4336 NEW ST		Title: () Name: Address:	Change () Addition	

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.

City-St-Zip:

SIGNATURE: DONNA L. CLARKE Ρ 04/29/2007