


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**


07-25-2006 90027 032 \*\*\*158.75

DOCUMENT # P99000098894	
1. Entity Name LAKESIDE BUILDERS OF THE TREASURE COAST, INC.	

Principal Place of Business 1761 BARBER STREET SEBASTIAN, FL 32958	Mailing Address 1761 BARBER STREET SEBASTIAN, FL 32958
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**DO NOT WRITE IN THIS SPACE**

50023069



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3617228	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFEY, RICHARD  
1761 BARBER STREET  
SEBASTIAN, FL 32958

**DO NOT WRITE IN THIS SPACE**

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 *Richard Coffey* President 7-20-06  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COFFEY, RICHARD 1761 BARBER STREET SEBASTIAN, FL 32958 <i>owens 90%</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFEY, SANDY K 1761 BARBER ST. SEBASTIAN, FL 32958 <i>E</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFEY, DAVID K 1761 BARBER ST. SEBASTIAN, FL 32958 <i>10%</i>
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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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 *Richard K. Coffey* 7-20-06 772 591 0942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #