

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-25-2006 90027 032 ***158.75

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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**

50023069



07172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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** DATE: **7-20-06**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COFFEY, RICHARD <i>owens</i> 1761 BARBER STREET <i>90%</i> SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COFFEY, SANDY K 1761 BARBER ST. SEBASTIAN, FL 32958 <i>☐</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFFEY, DAVID K <i>10%</i> 1761 BARBER ST. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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* DATE: **7-20-06** DAYTIME PHONE #: **772 591 0942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR