


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V24701
 1. Entity Name
 72 HOUR BLIND FACTORY OF LAKE COUNTY, INC.



Principal Place of Business 15519 US HWY 441 SUITE A-101 EUSTIS, FL 32726 US	Mailing Address 15519 US HWY 441 SUITE A-101 EUSTIS, FL 32726 US
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DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3112898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, PETER H.
 15519 US HWY 441
 SUITE A-101
 EUSTIS, FL 32726

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000837974
 03/05/08-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERMAN, PETER H. 30125 TAVARES RIDGE BLVD TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZIMMERMAN, KATHLEEN J 30125 TAVARES RIDGE BLVD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMERMAN, V, PETER H 30123 TAVARES RIDGE BLVD. TAVARES, FL 32778
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 the 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:  **Feb 15, 2008** 352-413-7777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #