

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28750

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: LAKE FOUNTAINS AND AERATION, INC.

## Current Principal Place of Business:

320 GORDON STREET  
SANFORD, FL 32771 US

## New Principal Place of Business:

## Current Mailing Address:

320 GORDON STREET  
SANFORD, FL 32771 US

## New Mailing Address:

FEI Number: 59-3121910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, GAYL D  
320 GORDON STREET  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, GAYL D  
Address: 445 WOOD STREET  
City-St-Zip: LAKE MARY, FL 32746

Title: PST ( ) Delete  
Name: WILLIAMS, GAYL D  
Address: 445 WOOD STREET  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: WILLIAMS, JAMES L  
Address: 111 MANGROVE ESTATES CIRCLE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V (X) Delete  
Name: SWEETMAN, WILLIAM M  
Address: 9766 OSPREY LANDING DRIVE  
City-St-Zip: ORLANDO, FL 32832

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SWEETMAN, WILLIAM M  
Address: 9766 OSPREY LANDING DRIVE  
City-St-Zip: ORLANDO, FL 32832

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GAYL D WILLIAMS

P

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date