

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000072984

**Entity Name:** DONNA C. AIKEN, LCAM INC.

**Current Principal Place of Business:**

3950 CHAPLAIN ROAD  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

3950 CHAPLAIN ROAD  
SAINT CLOUD, FL 34769 US

**FEI Number:** 87-2221263

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AIKEN, DONNA C  
3950 CHAPLAIN ROAD  
SAINT CLOUD, FL 34769 US

*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

**Officer/Director Detail :**

Title	P	Title	VP
Name	AIKEN, DONNA C	Name	AIKEN, CHARLES R
Address	3950 CHAPLAIN ROAD	Address	3950 CHAPLAIN ROAD
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONNA C. AIKEN

**PRESIDENT**

**01/11/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date