

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000040439

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** LAAKE PORTRAIT GALLERY, INC.

**Current Principal Place of Business:**

7426 LUTZ LAKE FERN RD  
ODESSA, FL 33556 US

**New Principal Place of Business:**

7430 LUTZ LAKE FERN RD  
ODESSA, FL 33556 US

**Current Mailing Address:**

7426 LUTZ LAKE FERN RD  
ODESSA, FL 33556 US

**New Mailing Address:**

7430 LUTZ LAKE FERN RD  
ODESSA, FL 33556 US

**FEI Number:** 65-0496801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAAKE, PATRICIA A  
7426 LUTZ LAKE FERN RD  
ODESSA, FL 33556 US

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

LAAKE, PATRICIA A  
7430 LUTZ LAKE FERN RD  
ODESSA, FL 33556 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: \_\_\_\_\_

03/26/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAAKE, PATRICIA A  
Address: 7426 LUTZ LAKE FERN RD.  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LAAKE, PATRICIA A  
Address: 7430 LUTZ LAKE FERN RD.  
City-St-Zip: ODESSA, FL 33556

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: P.A.LAAKE

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date