


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 491734							
1. Entity Name LAKE GARDENS CORPORATION							
Principal Place of Business 81 LAKE GARDENS DRIVE STATE ROAD 621 EAST LAKE PLACID FL 33852			Mailing Address 81 LAKE GARDENS DRIVE STATE ROAD 621 EAST LAKE PLACID FL 33852				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt #, etc			Suite, Apt #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1639345			
				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			7. Name and Address of New Registered Agent				
NIELANDER, WILLIAM 116 E. INTERLAKE BLVD. LAKE PLACID FL 33852			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARGETTS, PHILLIP		NAME	U00000020824 01/29/04-80084-007 150.00			
STREET ADDRESS	101 5TH STREET		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FONEAL, ISAACS		NAME				
STREET ADDRESS	80 LAKE GARDENS DR		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RITTMAN, RAY		NAME				
STREET ADDRESS	21 LAKE GARDENS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KELLEY, ROBERT		NAME				
STREET ADDRESS	3 LAKE GARDENS DR.		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GOINS, PATRICIA		NAME				
STREET ADDRESS	35 LAKE GARDENS DR		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RICHARDSON, ANONA		NAME				
STREET ADDRESS	25 LAKE GARDENS DR.		STREET ADDRESS				
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP				



MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Phillip Margetts* **Phillip MARGETTS** **JAN 27. 04** **863-699-6734**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #