


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90062 033 \*\*\*150.00

**DOCUMENT # 491734**  
 1. Entity Name  
**LAKE GARDENS CORPORATION**



Principal Place of Business      Mailing Address  
**81 LAKE GARDENS DRIVE**      **81 LAKE GARDENS DRIVE**  
**STATE ROAD 621 EAST**      **STATE ROAD 621 EAST**  
**LAKE PLACID, FL 33852**      **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

01222005      Chg-P      CR2E034 (10/03)



4. FEI Number  
**59-1639345**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**NIELANDER, WILLIAM**  
**116 E. INTERLAKE BLVD.**  
**LAKE PLACID, FL 33852**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	MARGETTS, PHILLIP	
STREET ADDRESS	101 5TH STREET	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONEAL, ISAACS	
STREET ADDRESS	80 LAKE GARDENS DR	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITTMAN, RAY	
STREET ADDRESS	21 LAKE GARDENS DRIVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLEY, ROBERT	
STREET ADDRESS	3 LAKE GARDENS DR.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOINS, PATRICIA	
STREET ADDRESS	35 LAKE GARDENS DR	
CITY-ST-ZIP	LAKE PLACID, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RICHARDSON, ANONA	
STREET ADDRESS	25 LAKE GARDENS DR.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY CARDINAL	
STREET ADDRESS	RT. 4, SIEVERS RD	
CITY-ST-ZIP	VINCENNES, IN 47591	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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      Treasurer      1-27-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #