


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H04430
 1. Entity Name
 LAKE BOTTOM, INC.



Principal Place of Business
 % JOHN W. GLOTFELTY
 2233 NOTTINGHAM ROAD
 LAKELAND, FL 33803

Mailing Address
 % JOHN W. GLOTFELTY
 2233 NOTTINGHAM ROAD
 LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2484189 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GLOTFELTY, JOHN W.
 2233 NOTTINGHAM RD.
 LAKELAND, FL 33803

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1000000154608
 05/05/04-80004-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLOTFELTY, JOHN W. 2233 NOTTINGHAM RD. LAKELAND, FL 338033527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, IVAN H., JR. 2247 NOTTINGHAM RD LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Glotfelty *Supriya*

Date _____ Daytime Phone # _____