

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J17127

1. Entity Name
LAKESIDE REALTY INCORPORATED



Principal Place of Business

845 STATE ROAD 21
P.O. BOX 1249
MELROSE, FL 32666 US

Mailing Address

STATE ROAD 21
P.O. BOX 1249
MELROSE, FL 32666



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, THOMAS
845 STATE RD 21 N
MELROSE, FL 32666

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000101553
04/02/04-80017-025 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCORMICK, THOMAS
STREET ADDRESS 845 STATE ROAD 21 NORTH
CITY-ST-ZIP MELROSE, FL 32666

TITLE VP
NAME MCCORMICK, THOMAS J
STREET ADDRESS 845 SR 21 NORTH
CITY-ST-ZIP MELROSE, FL 32666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 352-475-1269
Date Daytime Phone #