


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000018516
 1. Entity Name
LAKE CLAY CORPORATION



Principal Place of Business 2203 US 27 NORTH LAKE PLACID, FL 33852	Mailing Address 2203 US 27 NORTH LAKE PLACID, FL 33852
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03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3243832	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
MCDEVITT, PETER
 2203 US 27 NORTH
 LAKE PLACID, FL 33852

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCDEVITT, PETER 2203 US 27TH NORTH LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAVILAND, JOHN 229 S. COMMERCE AVENUE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHRINER, WILLIAM DR 603 LAKE BLUE DRIVE LAKE PLACID, FL 33852
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)(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: *Peter H. McDevitt* **3/11/04** **863 465 1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Peter H. McDevitt