


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000013687

1. Entity Name
LAKE WALES BUILDING TRADES CENTER, INC.



Principal Place of Business Mailing Address
107 W. ORANGE AVENUE **107 W. ORANGE AVENUE**
LAKE WALES, FL 33853 **LAKE WALES, FL 33853**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3360334 Not Applicable

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

6. Name and Address of Current Registered Agent

MCCOLLOUGH, BOBBY G
5154 VALENCIA ST.
LAKE WALES, FL 33898

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 _____ 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	PD	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, BOBBY G	
STREET ADDRESS	5154 VALENCIA ST.	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOWEN, BETTY	
STREET ADDRESS	2437 FOREST DR.	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCCOLLOUGH, THERAS C	
STREET ADDRESS	5154 VALENCIA ST.	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KARG, PAUL	
STREET ADDRESS	218 BABSON DRIVE	
CITY-ST-ZIP	BABSON PARK, FL 32857	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000057762	
CITY-ST-ZIP	02/20/04-80002-016 158.75	
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 19.07(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: *Bobby G McCollough* **6216-04 676-2221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #