

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90003 015 ***158.75

DOCUMENT # P98000082971

1. Entity Name

LACEWELL ENTERPRISES, INC.



Principal Place of Business

**801 HARRISON AVE
PANAMA CITY FL 32401**

Mailing Address

**601 ILLINOIS AVE
LYNN HAVEN FL 32444**

2. Principal Place of Business

601 Illinois Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lynn Haven, Florida

City & State

Zip

Country

32444

USA

4. FEI Number

59-3541984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACEWELL, CECELIA F
601 ILLINOIS AVE
LYNN HAVEN FL 32444**

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

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

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LACEWELL, JOHN K	
STREET ADDRESS	601 ILLINOIS AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKES, WAYNE F JR	
STREET ADDRESS	2610 PEMBROKE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACEWELL, CECELIA F	
STREET ADDRESS	601 ILLINOIS AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

Cecelia F. Lacewell (CECELIA F. LACEWELL)

2/13/04

850 265-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #