

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90395 046 ***150.00

DOCUMENT # P99000006334

1. Entity Name

LAKE JESSUP BAY, INC.



Principal Place of Business

2356 BLACK HAMMOCK ROAD
OVIEDO FL 32765

Mailing Address

2356 BLACK HAMMOCK ROAD
OVIEDO FL 32765

64055158



MOORE CR2E034 (11/03)

2. Principal Place of Business

2356 BLACK HAMMOCK F.C. Road

Suite, Apt. #, etc.

3. Mailing Address

2356 BLACK HAMMOCK F.C. ROAD

Suite, Apt. #, etc.

City & State

OVIEDO FLORIDA

City & State

OVIEDO FLORIDA

4. FEI Number

59-3552376

Applied For

Not Applicable

Zip

32765

Country

Zip

32765

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARTIN, JOEL
2274 BLACK HAMMOCK ROAD
OVIEDO FL 32765

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

JOEL MARTIN

03-30-2004

Signature required 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

TITLE P
NAME MARTIN, JOEL ☐ Delete
STREET ADDRESS 2274 BLACK HAMMOCK ROAD
CITY-ST-ZIP OVIEDO FL 32765

TITLE S
NAME MARTIN, DANIELLE ☐ Delete
STREET ADDRESS 2274 BLACK HAMMOCK RD
CITY-ST-ZIP OVIEDO FL 32765

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

03-30-2004

Date

Daytime Phone #