## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000011495

Entity Name: 4236 LAKE WORTH CORP.

SQUIRES, RICHARD

DALLAS, TX

4229 COCHRAN CHAPEL RD.

Name:

Address: City-St-Zip:

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4236 LAKE WORTH ROAD LAKE WORTH, FL 33461 US **Current Mailing Address: New Mailing Address:** 712 U.S. HIGHWAY 1 SUITE 230 8895 N MILITARY TRAIL STE E 201 WEST PALM BEACH, FL 33410 US NORTH PALM BEACH, FL 33408 US FEI Number: 65-0388766 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEISEL, KEITH W P.A. 712 US HWY ONE STE 230 N PALM BCH, FL 3408 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition METZ, JOHN C Name: Name: 8008 S. FLAGLER COURT Address: Address: City-St-Zip: WEST PALM BEACH, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCDONALD, ROBERT Name: 2701 S. FLAGLER DRIVE Address: Address: WEST PALM BEACH, FL City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C. METZ D 04/29/2004