

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 171776	
1. Entity Name LAKE MARGARET COMPANY	
Principal Place of Business C/O ROBERT G. MURRELL, P.A. ONE N. ROSALIND AVENUE ORLANDO, FL 32801	Mailing Address C/O ROBERT G. MURRELL, P.A. ONE N. ROSALIND AVENUE ORLANDO, FL 32801



DO NOT WRITE IN THIS SPACE

02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0713660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, ROBERT G
ONE NORTH ROSALIND AVENUE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 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 MURRELL, M.L. 1 N ROSALIND AVENUE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRELL, M.L. 1 N ROSALIND AVENUE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MURRELL, ROBERT G 1 N ROSALIND AVENUE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/14/05-80018-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: MURGERDEES MURRELL **PRES.** 3//505 407-898-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #