2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 289725

Entity Name: LAKE SUPPLY COMPANY INC

FILED Jan 07, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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111 EAST SEMINOLE AVENUE 111 EAST SEMINOLE AVENUE P.O.BOX 1229

LAKE WALES, FL 33853 LAKE WALES, FL 338598229

New Mailing Address: Current Mailing Address:

111 EAST SEMINOLE AVENUE P.O. BOX 1229

P.O.BOX 1229 LAKE WALES, FL 33859 US LAKE WALES, FL 338591229 US

FEI Number: 59-1088533 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:

FREELAND, F ROBERT 3245 COURTNEY DR. LAKE WALES, FL 33898 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

LAKE WALES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAKE WALES, FL 33898

Title: () Delete Title: (X) Change () Addition FREELAND, GRACE W, FREELAND, LENORA K., Name: Name:

NORTH HIGHLAND PARK DR 3245 COURTNEY DRIVE Address: Address: City-St-Zip: LAKE WALES, FL 00000, City-St-Zip: LAKE WALES, FL 33898

Title: Title: () Delete () Change () Addition Name: FREELAND, F ROBERT, Name:

ALTURAS RD Address: Address: City-St-Zip: LAKE WALES, FL City-St-Zip:

() Delete Title: Title: (X) Change () Addition

FREELAND, WILLIAM T, FREELAND, WILLIAM T. Name: Name: BURNS AVE N. LK FLORENCE DRIVE Address: Address: City-St-Zip: LAKE WALES, FL 00000, City-St-Zip: WINTER HAVEN, FL

Title: () Delete Title: (X) Change () Addition FREELAND, GRACE W. COCONATO, VINCENT J. Name: Name: Address: NORTH HIGHLAND PARK DR Address: 3611 TWISTED OAK COURT

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.

SIGNATURE: F. ROBERT FREELAND **PRES** 01/07/2005