


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 307756</b> 1. Entity Name <b>LAKE MECHANICAL CONTRACTORS, INC.</b>	
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Principal Place of Business <b>343 NO. BAY ST P.O. BOX 1924 EUSTIS, FL 32727 US</b>	Mailing Address <b>343 NO. BAY ST P.O. BOX 1924 EUSTIS, FL 32727 US</b>
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**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1146650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITH, JOHN B.  
343 N. BAY STREET  
EUSTIS, FL 32726**

**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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, JOHN B. 812 JEFFRIES CT. EUSTIS FLA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SMITH, EVELYN 812 JEFFRIES CT. EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHANSEN, BRUCE 3102 GARDEN ROAD EUSTIS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST ALDERMAN, MICHELE M. 7360 OLA CIRCLE TANGERINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

100000326224  
04/23/05-80047-015 150.00

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: Michele M. Alderman 4/21/05 352/357-3136  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Michele M. Alderman Asst Sec/Tres