


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 031 ***150.00

DOCUMENT # 333055
 1. Entity Name
LAKEVIEW FARMS, INC.



Principal Place of Business Mailing Address
281 CARISSA DRIVE **281 CARISSA DRIVE**
P.O. BOX 200 **P.O. BOX 200**
PAHOKEE, FL 33476 **PAHOKEE, FL 33476**

50037470



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1216828 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SODDERS, MARK T
800 MCCLURE ROAD
PAHOKEE, FL 33476

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	SODDERS, MARK T	
STREET ADDRESS	800 MCCLURE ROAD	
CITY-ST-ZIP	PAHOKEE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	APELGREN, VIRGINIA M	
STREET ADDRESS	800 MCCLURE ROAD	
CITY-ST-ZIP	PAHOKEE, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	APLEGREN, DALLAS	
STREET ADDRESS	800 MCCLURE RD	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mark T. Sodders **MARK T. SODDERS** 4/15/05 (561) 924-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #