

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 351074

1. Entity Name
LAGOON PARK INC



Principal Place of Business
910 VILLA LAGOON DR
TAVARES, FL 32778-2368 US

Mailing Address
910 VILLA LAGOON DR
TAVARES, FL 32778-2368 US



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1286676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOMMERS, CHARLES E. JR.
910 VILLA LAGOON DRIVE
TAVARES, FL 32778

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000077471
03/05/04-80043-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENGST, RAY 942 VILLA LAGOON DR. TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD LOVELL, DAVID 926 VILLA LAGOON DR. TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONCHESKI, D. M. 938 VILLA LAGOON DRIVE TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SOMMERS, CHARLES E 910 VILLA LAGOON DRIVE TAVARES, FL 32278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBD VILLET, CARL 950 VILLA LAGOON DRIVE TAVARES, FL 327782368
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Charles E. Sommers Jr. Date: 03-02-04 351-248-4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #