

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2005 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 LOGOON DR
TAVARES FL 32778-2368
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	HENGST, RAY	
STREET ADDRESS	942 VILLA LAGOON DR.	
CITY- ST- ZIP	TAVARES FL	
TITLE	MBD	<input type="checkbox"/> Delete
NAME	LOVELL, DAVID	
STREET ADDRESS	926 VILLA LAGOON DR.	
CITY- ST- ZIP	TAVARES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DONCHESKI, D. M.	
STREET ADDRESS	938 VILLA LAGOON DRIVE	
CITY- ST- ZIP	TAVARES FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	SOMMERS, CHARLES E	
STREET ADDRESS	910 VILLA LAGOON DRIVE	
CITY- ST- ZIP	TAVARES FL 32278	
TITLE	MBD	<input type="checkbox"/> Delete
NAME	VILLET, CARL	
STREET ADDRESS	950 VILLA LAGOON DRIVE	
CITY- ST- ZIP	TAVARES FL 32778-2368	
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	U000000262233	
CITY- ST- ZIP	03/14/05-80047-001 158.75	
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)(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:

Charles E. Sommers Jr *Charles E. Sommers Jr* *05-10-05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #