

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 362605

1. Entity Name
LAKE NISSAN SALES, INC.



Principal Place of Business

10234 UW HWY 441 S
LEESBURG, FL 34788

Mailing Address

10234 UW HWY 441 S
LEESBURG, FL 34788

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1292077

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKICH, MILAN
10234 US HWY 441
LEESBURG, FL 34788

**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 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

10. OFFICERS AND DIRECTORS

TITLE PDV
NAME BAKICH, MILAN
STREET ADDRESS PO BOX 176; HWY 19 N/A
CITY - ST - ZIP UMATILLA, FL

TITLE S
NAME BAKICH, JUDITH
STREET ADDRESS PO BOX 176; HWY 19 N/A
CITY - ST - ZIP UMATILLA, FL

TITLE VPD
NAME BAKICH, MICHAEL J
STREET ADDRESS P O BOX 417 N/A
CITY - ST - ZIP UMATILLA, FL 00000,

TITLE T
NAME BAKICH, STEPHEN
STREET ADDRESS 3003 E BEAUMONT LN
CITY - ST - ZIP EUSTIS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000109887
04/12/04-80061-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-04 332-343-5711