

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 376834

1. Entity Name
LAKE COUNTY SERVICE CORPORATION



Principal Place of Business
**800 NORTH BOULEVARD, WEST
LEESBURG, FL 34748**

Mailing Address
**P.O. BOX 490420
LEESBURG, FL 34749-0420 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1346636

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KURTZ, STEPHEN T.
34035 PARK LANE
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 D
NAME JUNOD, JOSEPH J.
STREET ADDRESS 9906 CR 114-A
CITY-ST-ZIP WILDWOOD, FL

TITLE S
NAME RUTSCHOW, SANDRA L.
STREET ADDRESS #3 SPRING CT., THE SPRGS
CITY-ST-ZIP YALAH, FL

TITLE P
NAME KURTZ, STEPHEN T.
STREET ADDRESS 34035 PARK LANE
CITY-ST-ZIP LEESBURG, FL

TITLE V
NAME HART, DWIGHT L.
STREET ADDRESS 27 COVE LANE
CITY-ST-ZIP EUSTIS, FL

TITLE D
NAME HERLONG, JAMES H
STREET ADDRESS 6526 N SILVER LAKE DR
CITY-ST-ZIP LEESBURG, FL

TITLE T
NAME MUELLER, PAUL K
STREET ADDRESS 604 BANNING BEACH ROAD
CITY-ST-ZIP TAVARES, FL

1100000007065
01/20/04-80008-009 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen T. Kurtz

01/09/04

(352) 787-3311

Date

Daytime Phone #