2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 418462

1. Entity Name
SHANGRI-LA BY THE LAKE, INC.

Principal Place of Business	Mailing Address
1403 W AVE A BELLE GLADE, FL 33430	1403 W AVE A BELLE GLADE, FL 33430

DO NOT WRITE IN THIS SPACE

04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1479648
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOOKS, RUDOLPH SR
1403 W AVE A
1500 W CANAL STREET
BELLE GLADE, FL 33430

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
NAME	HOOKS, RUDOLPH, SR
STREET ADDRESS	1500 W CANAL ST S
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	STD
NAME	BARTON, LISA A
STREET ADDRESS	1403 W AVE A
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	V
NAME	VICKERY, SHIRLEY
STREET ADDRESS	681 SE 7TH DR
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	V
NAME	LEWIS, DORIS A
STREET ADDRESS	1403 W AVE A
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349312
05/02/05-80060-004 150.00

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)(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: Lisa A. Barton Lisa A Barton 4-27-05 561-996-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #