

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90158 028 ***150.00

DOCUMENT # 433710

1. Entity Name
SOUTHERN LAKES, INC.



Principal Place of Business

**8680 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920**

Mailing Address

**8680 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1989218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOTTLER JR. RICHARD H.
8680 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920**

**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 PD
NAME STOTTLER, RICHARD H JR
STREET ADDRESS 1102 S BREVARD
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE DS
NAME DEEVERS, JUDITH C
STREET ADDRESS 8680 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE DVP
NAME CAMPANINI, BINO
STREET ADDRESS 8680 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Richard H Stottler Jr, President

flad04

321-783-1320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #