

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90119 048 ***150.00

05-48789

DOCUMENT # 452631

1. Entity Name

LAKE ROUSSEAU DEVELOPMENT COMPANY, INC.

Principal Place of Business

1158 N. CIRCLE DR.
 CRYSTAL RIVER FL 34429
 US

Mailing Address

1158 N. CIRCLE DR.
 CRYSTAL RIVER FL 34429
 US

2. Principal Place of Business

5634 N. Lecanto Hwy

Suite, Apt. #, etc.

3. Mailing Address

5634 N. Lecanto Hwy.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Beverly Hills FL

City & State

Beverly Hills, FL 34465

FBI Number

59-1536388

Applied For

Not Applicable

Zip

34465

Country

AM - USA

Zip

34465

Country

AM - USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANNESS, THOMAS M
 1158 N. CIRCLE DR.
 CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name: **MONTY VAN NESS**

Street Address (P.O. Box Number is Not Acceptable)

5634 N. LECANTO HWY.

BEVERLY HILLS

FL

Zip Code 34465

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.

SIGNATURE

Monty Van Ness, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	VANNESS, THOMAS M	1158 N. CIRCLE DR.	CRYSTAL RIVER, FL 00000	<input type="checkbox"/>
STD	VANNESS, PATRICIA	1158 N. CIRCLE DR.	CRYSTAL RIVER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Monty Van Ness

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

Daytime Phone #

CR2E034 (10/00)