

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # 572431

1. Entity Name
LAKE PICKETT PROPERTIES, INC.



Principal Place of Business

110 E. BROADWAY
P.O. BOX 620789
OVIEDO, FL 32765 US

Mailing Address

110 E. BROADWAY
P.O. BOX 620789
OVIEDO, FL 32762 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1826194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, CHARLES W
110 E. BROADWAY
P.O. BOX 620789
OVIEDO, FL 32765

**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 WHEELER, BENJAMIN F. III
STREET ADDRESS 110 E. BROADWAY
CITY-ST-ZIP OVIEDO, FL

TITLE D
NAME MARTIN, GEORGE
STREET ADDRESS 110 E. BROADWAY
CITY-ST-ZIP OVIEDO, FL

TITLE D
NAME BRUCE, MIRIAM
STREET ADDRESS 110 E. BROADWAY
CITY-ST-ZIP OVIEDO, FL

TITLE PD
NAME EVANS, JOHN W. JR.
STREET ADDRESS 110 E. BROADWAY
CITY-ST-ZIP OVIEDO, FL

TITLE DT
NAME EVANS, ARTHUR FRANK
STREET ADDRESS 110 E BROADWAY
CITY-ST-ZIP OVIEDO, FL 00000,

TITLE D
NAME EVANS, CHARLES W.
STREET ADDRESS 110 E. BROADWAY
CITY-ST-ZIP OVEIDO, FL

11000000118012
04/19/04-80041-016 150.00

**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: *Charles W. Evans*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 407-365-6671
Date Daytime Phone #