


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 665416 1. Entity Name LAKESIDE MOBILE MANOR, INC.	
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Principal Place of Business 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436	Mailing Address 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2012554	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIDDLE, SUE ELLEN
8801 EAST MOONRISE LANE, LOT 18
FLORAL CITY, FL 34436

**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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	VP JACKSON, GLENN H 8801 MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JACKSON, LINDA M 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FRIDDLE, SUE ELLEN 8801 MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRIDDLE, MICHAEL L 8801 EAST MOONRISE LANE, LOT 18 FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(f), 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: Sue Ellen Friddle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-04 352-726-2553

Sue Ellen Friddle Sec/Tres