


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90011 008 \*\*\*\*61.25

**DOCUMENT # 730954**  
 1. Entity Name  
**LAKE SHARON INCORPORATED**




Principal Place of Business  
 #1 KATHY LANE  
 LAKE SHARON ESTATES  
 FREEPORT, FL 32439-6730

Mailing Address  
 #1 KATHY LANE  
 LAKE SHARON ESTATES  
 FREEPORT, FL 32439-6730

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01112004 Chg-NP CR2E037 (10/03)


4. FEI Number  
**59-1576735** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 OWCZARSKI, GREGG  
 107 KATHY LANE E.  
 FREEPORT, FL 32439

**7. Name and Address of New Registered Agent**  
 Name: **MCCORMICK, LARRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
 159 KATHY LANE E.  
 City: **FREEPORT** FL Zip Code: **32439**

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 LARRY MCCORMICK, PRES  DATE 2/13/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

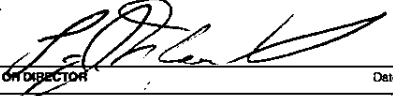
**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWCZARSKI, GREGG		NAME	MCCORMICK, LARRY	
STREET ADDRESS	107 KATHY LANE E.		STREET ADDRESS	159 KATHY LANE E	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC CORMICK, LARRY		NAME	MITCHELL, JOHN	
STREET ADDRESS	159 KATHY LANE EAST		STREET ADDRESS	21 GNE COURT W.	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, ANNE		NAME		
STREET ADDRESS	62 PETERS COURT		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSER, JEWEL		NAME		
STREET ADDRESS	88 KATHY LANE E		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, CLYDE		NAME		
STREET ADDRESS	102 DARRELL COURT		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JOHN		NAME		
STREET ADDRESS	21 GNE COURT W.		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		

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 617, 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:** LARRY MCCORMICK, PRES  DATE 2/13/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR