

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90022 026 \*\*\*\*61.25



**DOCUMENT # 769175**

1. Entity Name

LAKE ANNE/PARKER ENVIRONMENTAL CONTROL CORP.

Principal Place of Business

2507 HOLLIS DRIVE  
TAMPA FL 33618

Mailing Address

2507 HOLLIS DRIVE  
TAMPA FL 33618

2. Principal Place of Business

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2368196

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, CHARLES F JR.  
12935 N. OREGON AVENUE  
TAMPA FL 33612

Name

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

City

**FL**

Zip Code

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 \$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 PDST  Delete  
 NAME RODRIGUEZ, CHARLES F  
 STREET ADDRESS 2507 HOLLIS DRIVE  
 CITY-ST-ZIP TAMPA FL 33618

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME RODRIGUEZ, CHARLES F JR  
 STREET ADDRESS 12935 N OREGON AVE  
 CITY-ST-ZIP TAMPA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME WILSON, BEN  
 STREET ADDRESS 1207 CHESAPEAKE DR.  
 CITY-ST-ZIP ODESSA FL 33556

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME M D DARLENE L. WILSON  
 STREET ADDRESS 14236 PELHAM LANE  
 CITY-ST-ZIP ODESSA, FL. 33556

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *Charles F. Rodriguez, Sr.* CHARLES F. RODRIGUEZ, SR. 1/29/04 813-961-2535  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #