2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # F53136 1. Entity Name EASTLAKE CORPORATION Principal Place of Business Mailing Address 531 FERNSHIRE DR PO BOX 2081 PALM HARBOR FL 34682-9081 531 FERNSHIRE DR PO BOX 2081 PALM HARBOR FL 34682-9081 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2194905 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNISH, RAMIA H Street Address (P.O. Box Number is Not Acceptable) 531 FERNSHIRE DR PALM HARBOR FL 34683 City 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 againt and title if applicable (NOTE. Registered Agent signature required when reinstating) DÁTE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE Change ☐ Delete ☐ Addition U00000076289 03/04/04-80022-008 150.00 CORNISH, JOHN NAME NAME 531 FERNSHIRE DR STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-78P CITY-ST-7IP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CORNISH, MARGARET A. NAME NAME STREET ADDRESS 1316 BELCHER DRIVE N STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP SD IME ☐ Delete TITLE ☐ Change Addition NAME MAME CORNISH, RAMIA H STREET ADDRESS STREET ADDRESS 531 FERNSHIRE DR CITY+ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 TITLE ☐ Delete TITLE ☐ Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Ramia H. Cornish

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