

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91463

**FILED**  
**Feb 05, 2005**  
**Secretary of State**

**Entity Name:** LAKE AREA NURSERY, INCORPORATED

**Current Principal Place of Business:**

P.O.BOX 1116  
REDWATER LAKE ROAD  
HAWTHORNE, FL 32640

**New Principal Place of Business:**

P.O.BOX 1116  
323 REDWATER LAKE ROAD  
HAWTHORNE, FL 32640

**Current Mailing Address:**

P.O.BOX 1116  
REDWATER LAKE ROAD  
HAWTHORNE, FL 32640

**New Mailing Address:**

P.O.BOX 1116  
HAWTHORNE, FL 32640

FEI Number: 59-2392580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAY, JOHN F.  
REDWATER LAKE ROAD  
P.O. BOX 1116  
HAWTHORNE, FL US

**Name and Address of New Registered Agent:**

GRAY, JOHN F PD  
294 REDWATER LAKE ROAD  
P.O. BOX 1116  
HAWTHORNE, FL 32640 US

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.

SIGNATURE: JOHN F. GRAY

02/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRAY, JOHN F.,  
Address: 294 REDWATER LAKE ROAD  
City-St-Zip: HAWTHORNE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRAY, JOHN F PD  
Address: 294 REDWATER LAKE ROAD  
City-St-Zip: HAWTHORNE, FL 32640 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. GRAY

PD

02/05/2005

Electronic Signature of Signing Officer or Director

Date