


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H88446</b> 1. Entity Name <b>LAKE ABRAY, INC.</b>	
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Principal Place of Business <b>% MIKE DAMOTH P O BOX 338 OLDSMAR, FL 34677</b>	Mailing Address <b>% MIKE DAMOTH P O BOX 338 OLDSMAR, FL 34677</b>
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2605686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DAMOTH, MIKE  
18638 JIRETZ RD  
ODESSA, FL 33556**

**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 \_\_\_\_\_  
Sign above, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-stating. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAMOTH, MIKE 18638 JIRETZ RD ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAMOTH, PATRICIA A 18638 JIRETZ ROAD ODESSA, FL
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U00000138795  
04/29/04-80094-013 150.00

**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)(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

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Patricia A. Damoth, ST**

Date **04-27-04** Daytime Phone # **813-855-4666**