

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J35616  
 1. Entity Name  
 LAKESIDE CAROUSEL CORPORATION



Principal Place of Business      Mailing Address  
 806 VERONA ST                      BOX 240 RD #2  
 PO BOX 422424                      HARVEYS LAKE, PA 18618 US  
 KISSIMMEE, FL 34742-2424

**DO NOT WRITE IN THIS SPACE**



01282005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-2724882                      Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, JERRY L.  
 806 VERONA ST  
 P O BOX 422424  
 KISSIMMEE, FL 34742-9424

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000260803  
 03/12/05-80038-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WINTERSTEEN, MARY ANN BOX 240 R. D. #2 HARVEYS LAKE, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *X Mary Ann Wintersteen*      *President*      *1639-5487*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*333-5225*