

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K01736
 1. Entity Name
 LAKE & POND MAINTENANCE, INC.



Principal Place of Business Mailing Address
 P.O. BOX 1054 P.O. BOX 1054
 PORT RICHEY, FL 34673 US PORT RICHEY, FL 34673 US

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2855517 Not Applicable

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

6. Name and Address of Current Registered Agent
 LECHNER, BERNARD J.
 1243 LAKEVIEW
 CLEARWATER, FL 34616

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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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000150657
 05/04/04-80013-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	CASON, JESSE EDWARD
STREET ADDRESS	9341 SAVOY CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	S
NAME	CASON, DIANE L.
STREET ADDRESS	9341 SAVOY CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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: Diane L. Cason 430-04 (207) 862-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s)-to Phone #