

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K01736

1. Entity Name
 LAKE & POND MAINTENANCE, INC.



Principal Place of Business

P.O. BOX 1054
 PORT RICHEY, FL 34673 US

Mailing Address

P.O. BOX 1054
 PORT RICHEY, FL 34673 US



04262006 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2855517

Applied For
 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

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 transferring.)

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**

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

000000349328
 05/02/05-80060-012 150.00

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: DIANE L. CASON 4-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #