2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K45776

1. Entity Name
LAKE CORPORATION OF THE PALM BEACHES

Principal Place of Business	Mailing Address
3705 COMMERCE CENTER DR SEBRING, FL 33870	3705 COMMERCE CENTER DR SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

01052005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0093827	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, SCOTT
3705 COMMERCE CENTER DR
SEBRING, FL 33870

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (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	U000000190256 01/24/'05-80125-017 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	STANLEY, SCOTT	
STREET ADDRESS	915 S NORTH LAKE DR	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: _____ Scott Stanley _____ 1/10/05 _____ 863 385 8242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #