


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L11467
1. Entity Name
LAKE SYLVIA II, INC.



Principal Place of Business Mailing Address
C/O LEO P. STEINMETZ C/O LEO P. STEINMETZ
108 S OLD DIXIE HWY 108 S OLD DIXIE HWY
LADY LAKE, FL 32159-3834 LADY LAKE, FL 32159-3834



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2969598 Not Applicable

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

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6. Name and Address of Current Registered Agent

STEINMETZ, LEO P.
3718 LAKE GRIFFIN RD
LADY LAKE, FL 32159

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

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEINMETZ, LEO P.
STREET ADDRESS	3718 LAKE GRIFFIN RD
CITY-ST-ZIP	LADY LAKE, FL
TITLE	S
NAME	STEINMETZ, NANCY P.
STREET ADDRESS	3718 LAKE GRIFFIN RD
CITY-ST-ZIP	LADY LAKE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000117678
04/19/04-80028-023 150.00

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**
Date: 4/14/04 Daytime Phone # _____