

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L30709

1. Entity Name
NORTH LAKE DEVELOPMENT, INC.



Principal Place of Business

11505 CR 574
P O BOX 428
MANGO, FL 33550

Mailing Address

11505 CR 574
P O BOX 428
MANGO, FL 33550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2741798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAEB, STEPHEN L.
11505 CR 574
MANGO, FL 33550

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	JAEB, STEPHEN L.	
STREET ADDRESS	11505 C.R. 574	
CITY-ST-ZIP	MANGO, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOLANO, DANIEL	
STREET ADDRESS	11505 CR 574	
CITY-ST-ZIP	MANGO, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JAEB, LORENA	
STREET ADDRESS	11505 C.R. 574	
CITY-ST-ZIP	MANGO, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAEB, ROBERT	
STREET ADDRESS	11505 C.R. 574	
CITY-ST-ZIP	MANGO, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARRETT, ROBERT R	
STREET ADDRESS	11505 E. BROADWAY AVE.	
CITY-ST-ZIP	MANGO, FL 33550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U80000008305

03/15/04-80046-013 150.00

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

Stephen L. Jaeb

Date

Daytime Phone #

2/16/04

813-681-5796