

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90013 040 \*\*\*150.00

<b>DOCUMENT # M01733</b> 1. Entity Name <b>LAKES INSURANCE, INC.</b>																											
Principal Place of Business <b>300 S. PINE ISLAND ROAD SUITE 105 PLANTATION, FL 33324</b>		Mailing Address <b>300 S. PINE ISLAND ROAD SUITE 105 PLANTATION, FL 33324</b>																									
2. Principal Place of Business <b>414 W. MAIN ST SUITE 202 A LEESBURG, FL 34748</b>		3. Mailing Address <b>414 W. MAIN ST SUITE 202 A LEESBURG, FL 34748</b>																									
City & State <b>LEESBURG, FL</b>		City & State <b>LEESBURG, FL 34748</b>																									
Zip <b>34748</b>		Zip <b>34748</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>59-2418575</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>SCHMITT, EDWARD W. 7625 PINES BOULEVARD PEMBROKE PINES, FL 33024</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>414 W. MAIN ST SUITE 202 A LEESBURG, FL 34748</b>																									
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 re-registering) _____ DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PST SCHMITT, EDWARD W.</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6340 W. FALCONS LEA DR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DAVIE, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PST SCHMITT, EDWARD W.	<input type="checkbox"/> Delete	NAME	6340 W. FALCONS LEA DR.		STREET ADDRESS	DAVIE, FL		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>414 W. MAIN ST SUITE 202 A LEESBURG, FL 34748</b> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>414 W. MAIN ST SUITE 202 A LEESBURG, FL 34748</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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.																											
<b>SIGNATURE: _____</b> _____ <b>EDWARD W SCHMITT</b> <b>1-29-04</b> <b>352-787-2300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																											

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