


**FILED**

**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # M78020</b> 1. Entity Name <b>LAKEVIEW DIRT CO., INC.</b>	
--	---

Principal Place of Business <b>497 S HOLMES BLVD ST AUGUSTINE, FL 32086 US</b>	Mailing Address <b>497 S. HOLMES BLVD. ST AUGUSTINE, FL 32086 US</b>
---	---



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2904912</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**WILSON, HARRIET A  
497 S HOLMES BLVD.  
ST. AUGUSTINE, FL 32086**

**DO NOT WRITE IN THIS SPACE**

9. 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, in ink or a scanned name of registered agent and date if applicable. (FOIF Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

10. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

U00000142574  
04/30/04-80056-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P WILSON, GREG 1355 NORTHWOOD DRIVE ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, HARRIET A 1355 NORTHWOOD DRIVE ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, GARY L 5540 BLACKJACK GROVE LANE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(c), 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 approved.

**SIGNATURE:** \_\_\_\_\_ **5/29/04** **904 824-2581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE