

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 011 ***150.00

DOCUMENT # M89394

1. Entity Name
LAKE FOREST REALTY, INC.



Principal Place of Business
**C/O NTS CORPORATION
1072 LINN STATION RD.
LOUISVILLE, KY 40223**

Mailing Address
**C/O NTS CORPORATION
1072 LINN STATION RD.
LOUISVILLE, KY 40223**



2. Principal Place of Business
10172 Linn Station Road
Suite, Apt. #, etc.

3. Mailing Address
10172 Linn Station Road
Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State
Louisville KY
Zip
40223
Country
USA

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Louisville KY
Zip
40223
Country
USA

4. FEI Number
61-1149966
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAVEC, RICHARD
5350 SHORELINE CIRCLE
LAKE FOREST, FL 32771**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
690 Lake Forest Boulevard
City **Lake Forest** **FL** Zip Code
32771

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NICHOLS, J.D. 10172 LINN STATION ROAD LOUISVILLE, KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WELLS, GREGORY A 10172 LINN STATION RD LOUISVILLE, KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWARD, SUSAN M 10172 LINN STATION RD LOUISVILLE, KY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MITCHELL, NEIL A EIL 10172 LINN STATION RD LOUISVILLE, KY 40223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, GARY D 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BAVEC, RICHARD D 5350 SHORELINE CIRCLE LAKE FOREST, FL 32771	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Susan M Howard, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

(502) 426-4800
Daytime Phone #

Susan M Howard, Secretary