## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M91991

LAKE & COMPANY, P.A.



**FILED** May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

WESTWOOD CENTER 2002 NORTH LOIS AVE., STE 400 TAMPA, FL 33607

Mailing Address

WESTWOOD CENTER 2002 NORTH LOIS AVE., STE 400 TAMPA, FL 33607



04302004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-2901517

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAKE, GERALD WESTWOOD CENTER 2002 NORTH LOIS AVE., STE 400

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TAMPA, FL 33607			IN THIS SPACE		
	named entity submits this statement for the pations of registered agent.	urpose of changing its registered offic	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and trie	f applicable. (NOTE, Registered Agent s	gnature required when remataing)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PST LAKE, GERALD W. 2002 N LOIS AVE #400 TAMPA, FL 33607		2, 22		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAKE, GERALD W. 2002 N LOIS AVE #400 TAMPA, FL 33607			U00000154130 US/04/04-80155-002 150.00	
TITLE NAME STREET ADORESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del>-</del>	
12. I hereby	certify that the information supplied with this file	ling does not qualify for the exemption	stated in Section 119.07(3)	(i), Florida Statutes. I further certify that the information	

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: CONTINUE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR