

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N02000000195

Entity Name: LAKE BESSIOLA LANDING, INC.

Current Principal Place of Business:

320 NW 3 AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

320 NW 3 AVE
OCALA, FL 34475

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBRIGHT, GEORGE
320 NW 3 AVE
OCALA, FL 34475

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALBRIGHT, GEORGE J III
Address: P O BOX 725
City-St-Zip: OCKLAWAHA, FL 32183

Title: SD () Delete
Name: ALBRIGHT, JUSTIN
Address: P O BOX 725
City-St-Zip: OCKLAWAHA, FL 32183

Title: TD () Delete
Name: ALBRIGHT, DAVID
Address: P O BOX 725
City-St-Zip: OCKLAWAHA, FL 32183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE J. ALBRIGHT, III

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date