

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000003691

1. Entity Name
LAKE ANDERSON, INC.



Principal Place of Business
3580 EMERYWOOD LANE
ORLANDO, FL 32812 US

Mailing Address
3580 EMERYWOOD LANE
ORLANDO, FL 32812 US

2. Principal Place of Business
P O BOX 2106

Suite, Apt. #, etc.

3. Mailing Address
P O BOX 2106

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip 32802-2106 Country USA

City & State
ORLANDO, FL

Zip 32802-2106 Country USA

6. Name and Address of Current Registered Agent

CUNNINGHAM, THOMAS W
3580 EMERYWOOD LANE
ORLANDO, FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reselecting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P,D
NAME HARDING, DAVID M SR
STREET ADDRESS 3616 EMERYWOOD LANE
CITY-ST-ZIP ORLANDO, FL 32812

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE S,D
NAME KRANTZ, JAMES M
STREET ADDRESS 1400 APPLETON AVENUE
CITY-ST-ZIP ORLANDO, FL 32806

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE T,D
NAME CUNNINGHAM, THOMAS W
STREET ADDRESS 3580 EMERYWOOD LANE
CITY-ST-ZIP ORLANDO, FL 32812

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 617, 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 title empowered.

Thomas W. Cunningham **TREASURER** **APRIL 9, 2004** **407 859 6428**
SIGNATURE: THOMAS W CUNNINGHAM, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Apr 13, 2004 8:00 am
Secretary of State**

04-13-2004 90030 023 ****61.25



01312004 Chg-NP CR2E037 (10/03)