2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N26036

Entity Name: LAKE-SUMTER INTERGROUP, INC.

Current Principal Place of Business:

2115-1 CITRUS BLVD.
LEESBURG, FL 34748 US

New Principal Place of Business:

2115-I CITRUS BLVD.
LEESBURG, FL 34748 US

Current Mailing Address:

2115-1 CITRUS BLVD.
SUITE 2
LEESBURG, FL 34748 US

New Mailing Address:

2115-I CITRUS BLVD.
SUITE I
LEESBURG, FL 34748 US

FEI Number: 59-2896099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLARD, JAMES T
704 COACHWOOD EAST
LEESBURG, FL 34748

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: D ( ) Delete
Name: BALLARD, JIM
Address: 704 COACHWOOD EAST
City-St-Zip: LEESBURG, FL 34748

Title: CD ( ) Delete
Name: ELLISON, BOB
Address: 1761 W SCHWARTZ BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: SD ( ) Delete
Name: SCHORMAN, RUTH
Address: 25 PALM DR.
City-St-Zip: YALAHA, FL 34797

Title: TD ( ) Delete
Name: WOODALL, WILLIAM H
Address: 03510 SAILFISH AVENUE
City-St-Zip: FRUITLAND PARK, FL 34731

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:

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: BOB ELLISON CD 01/06/2004
Electronic Signature of Signing Officer or Director Date