


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N33945</b> 1. Entity Name <b>LAKE WALES LEGION CLUB, INC.</b>	
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Principal Place of Business <b>705 NINTH ST. SOUTH LAKE WALES, FL 33853</b>	Mailing Address <b>P.O. BOX 668 LAKE WALES, FL 33859</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-6200701</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MILLER, B.L. BUD 2 EASY ST LAKE WALES, FL 33853</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, B.L. BUD 2 EASY ST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFER, WILBUR 17379 SR 60 E LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIESING, GARY M 401 SUNSHINE DRIVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000321933 04/21/05-80096-019 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 like empowered.

**SIGNATURE:** B.L. Miller 4/19/05 863-288-2817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #