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

FILED Feb 24, 2005 8:00 am Secretary of State

Daytinie Phone #

1. Entity Nam	MENT # N42914 EAKES PARK CO-OP, INC.				0	2-24-2005 90	0050 046 ****	61.25
Principal Place 12315 U.S. H 12 THREE LA TAVARES, FL	HIGHWAY 441 AKES PARK	Mailing Address 12315 U.S. HIGHWA LOT #12 TAVARES, FL 3277				112 (1818 1818 1181) 811		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282005	Chg-NP	CR2E037 (10/	/03)
City & State		City & State			4. FEI Number 59-3061	897		Applied For Not Applicable
Zip	Country	Zip	Co	untry	5. Certificate of	f Status Desired		5 Additional equired
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
CROAK M	MICHAEL A P.A			Name William CARRY				
CROAK, MICHAEL A P.A. 2785 SOUTH BAY STREET SUITE G EUSTIS, FL 32726				Street Address (P.O. Box Number is Not Acceptable) 12315 Highway 441 - Lat #24				
EUS118, F				City T-	<u> </u>		FL Zig	Code 277 8
6 The shows	named entity submits this statement for	or the nurness of changing	ito rogistor		uRPS	in the State of Ele		
	tions of registered agent.	or the purpose of changing	is register	ed diffice of registe	red agent, or both,	, in the state of Fic	riua. Tam lamillar	with, and accept
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SIGNATURE :	A Muam aser						2/21/0	9
	Signature, typed or printed name of registered egen	t and title il applicable. (NOTE: Registere	ed Agent signature require	d when reinstating)		phπ	_
							p/π /	ible to
	Signature, typed or printed name of registered from Filling Fee is \$61.25 Due by May 1, 2005	9. Election		Financing	\$5.00 May Be Added to Fees		n/π. lake check paya ida Department	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _