2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006118

1. Entity Name
LIGHTS OF LAKE, INC.

Principal Place of Business	Mailing Address
212 E. MAIN STREET LEESBURG, FL 34748	212 E. MAIN STREET LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

03102004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3601329

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG, FL 34748

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000087841
03/15/04-80026-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANSON, CATHERINE
STREET ADDRESS	25715 SR 46
CITY-ST-ZIP	SORRENTO, FL 32776
TITLE	D
NAME	CULLEN, CARMAN
STREET ADDRESS	212 E. MAIN STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	BOWEN, ANN
STREET ADDRESS	10 N. GROVE ST.
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D
NAME	PERRY, JIM
STREET ADDRESS	212 E.MAIN STREET
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	MCKEE, BOB
STREET ADDRESS	317 W MAIN 2ND ST
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ CARMAN CULLEN 3/10/04 352-365-8240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #