


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

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001476 1. Entity Name EAST LAKE 20/20, INC.	
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Principal Place of Business

3974 TAMPA ROAD
SUITE A
OLDSMAR, FL 34677

Mailing Address

PO BOX 1063
OLDSMAR, FL 34677



04142004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A
3974 TAMPA ROAD
SUITE A
OLDSMAR, FL 34677

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IN THIS SPACE**

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

000000132593
04/27/04-80053-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLYNN, DON
STREET ADDRESS	4349 WORTHINGTON CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	KUTCHINS, BRYAN A
STREET ADDRESS	3974 TAMPA ROAD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	FERRERI, PAUL
STREET ADDRESS	3995 CAPSTOL DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	HARDY, WILLIAM C
STREET ADDRESS	4588 JUNIPER DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: D.W. Flynn **D.W. FLYNN** 4349 560-5377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #