

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90407 026 ***150.00

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03142005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000003812 1. Entity Name LIGHTHOUSE COVE HOLDING COMPANY, INC.					
Principal Place of Business 316 EAST PINE STREET ORLANDO, FL 32801			Mailing Address 316 EAST PINE STREET ORLANDO, FL 32801		
2. Principal Place of Business 100 Golden Bay Blvd.		3. Mailing Address 100 Golden Bay Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oak Hill, Florida		City & State Oak Hill, Florida		4. FEI Number 59-3623305	
Zip 32759		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARLICK, THOAMS H 316 EAST PINE STREET ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Thomas H. Warlick Street Address (P.O. Box Number is Not Acceptable) 100 Golden Bay Boulevard XXXXXXXXXX KX City Oak Hill FL Zip Code 32759		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WARLICK, THOMAS H 316 EAST PINE STREET ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD Warlick, Thomas H. 100 Golden Bay Boulevard Oak Hill, Florida 32759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 607, 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:		THOMAS H. WARLICK 4/29/05 407-696-2269			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			