

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90215 046 \*\*\*150.00

**DOCUMENT # P00000004069**

1. Entity Name  
LMC WINTER HAVEN, INC.



Principal Place of Business  
33 E WALL STREET  
FROSTPROOF, FL 33843

Mailing Address  
33 E WALL STREET  
FROSTPROOF, FL 33843



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1004757

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WILSON, P T  
33 EAST WALL STREET  
FROSTPROOF, FL 33843

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WILSON, PT  
STREET ADDRESS 100 PALM AVENUE  
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE VDS  
NAME CRADDOCK, F. HOOD  
STREET ADDRESS 223 LAKE LINK ROAD  
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D  
NAME WILSON, PATRICIA  
STREET ADDRESS 2013 RUE ULYSSE  
CITY-ST-ZIP BILOXI, MS 39531

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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:**

*F. Hood Craddock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
F. Hood Craddock

4/29/04

Date

(863) 635-4804

Daytime Phone #