


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000006154		
1. Entity Name LAKECREST OFFICE ADVISORS, INC.		
Principal Place of Business C/O STANLEY D. GOTTSEGEN, ESQ. ONE BOCA PLACE, 2255 GLADES RD STE 411-E BOCA RATON, FL 33431	Mailing Address C/O STANLEY D. GOTTSEGEN, ESQ. ONE BOCA PLACE, 2255 GLADES RD STE 411-E BOCA RATON, FL 33431	



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0978225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOTTSEGEN, STANLEY D ESQ. C/O STANLEY D. GOTTSEGEN, ESQ. ONE BOCA PLACE, 2255 GLADES RD STE 411-E BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D GOTTSEGEN, STANLEY D ESQ. 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALAMUD, NEIL 1717 2ND STREET SUITE D SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EHRENSTEIN, GABRIEL 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/08/04-80043-008 150.00

**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)(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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04 (C.20) 1994-2222
Date Daytime Phone #

STANLEY D. GOTTSEGEN