

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032786

FILED
Jan 07, 2004
Secretary of State

Entity Name: LAKE FRON, INC.

Current Principal Place of Business:

COUNTY ROAD 318
ORANGE LAKE, FL 32681

New Principal Place of Business:

Current Mailing Address:

PO BOX 548
ORANGE LAKE, FL 32681

New Mailing Address:

FEI Number: 59-3649109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, DANIEL
421 SOUTH PINE AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIOTA, THOMAS A
Address: 820 NE 120TH PL
City-St-Zip: OCALA, FL 34479

Title: DV () Delete
Name: MANGURIAN, HARRY T JR.
Address: 2477 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: DST () Delete
Name: O'FARRELL, J. MICHAEL JR
Address: 2000 N.W. 95TH STREET
City-St-Zip: OCALA, FL 34475

Title: DCOB () Delete
Name: CASSE, NORMAN E
Address: 14303 N. MAGNOLIA AVE.
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A CHIOTA

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date