

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036851 1. Entity Name LAKE SHORE SOFTWARE ENGINEERING, INCORPORATED	
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Principal Place of Business 1205 PORTILLO COURT DELTONA, FL 32725	Mailing Address 1205 PORTILLO COURT DELTONA, FL 32725
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3641230	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDT, BARBARA J
1205 PORTILLO COURT
DELTONA, FL 32725

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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 Barbara J Landt (NOTE: Registered Agent signature required when reinstating) DATE 4/21/04

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	U000000126161 04/23/04-80022-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDT, MICHAEL R 1205 PORTILLO CT. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LANDT, BARBARA J 1205 PORTILLO CT. DELTONA, FL 32725
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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: Barbara J Landt Barbara J Landt 4/21/04 386-574-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #