

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063224

FILED
Mar 21, 2005
Secretary of State

Entity Name: LAKE RESPIRATORY SERVICES, INC.

Current Principal Place of Business:

2200 S. BAY STREET, STE.B
EUSTIS, FL 32726

New Principal Place of Business:

2200 S. BAY STREET, STE.E
EUSTIS, FL 32726

Current Mailing Address:

2200 S. BAY STREET, STE.B
EUSTIS, FL 32726

New Mailing Address:

2200 S. BAY STREET, STE.E
EUSTIS, FL 32726

FEI Number: 59-3655058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIR, KAREN
1405 HILLTOP DR.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

MAIR, KAREN
5506 TRIMBLE PARK RD>
MOUNT DORA, FL 32757 US

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:

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAIR, AL
Address: 2200 S BAY ST., STE B
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAIR, AL
Address: 2200 S BAY ST., STE E
City-St-Zip: EUSTIS, FL 32726

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: AL MAIR

P

03/21/2005

Electronic Signature of Signing Officer or Director

Date