


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90354 008 ***150.00

DOCUMENT # P0000107010			
1. Entity Name LAKE PAINTBALL, INC.			
Principal Place of Business POST OFFICE BOX 1400 LADY LAKE, FL 32158		Mailing Address POST OFFICE BOX 1400 LADY LAKE, FL 32158	
2. Principal Place of Business <i>613 South 14th Street</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Leesburg, FL</i>		City & State	
Zip <i>34748</i>	Country <i>USA</i>	Zip	Country
4. FEI Number 59-3685144		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOZIER, WILLIAM R 40230 MORNING MIST-DRIVE LADY LAKE, FL 32159		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>William R. Dozier</i> Signature, typed or printed name of registered agent and title if applicable.		DATE <i>4/4/05</i> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZIER, WILLIAM R POST OFFICE BOX 1400 LADY LAKE, FL 32158 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>William R. Dozier</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		<i>4/4/05</i>	<i>352-787-5332</i>

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04052005 Chg-P CR2E034 (10/03)