2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 13, 2005 8:00 am
Secretary of State
04-29-2005 90217 020 ***150.00

DOCUMENT # P01000049977

1. Entity Name
LAKE TRACY PROPERTIES, INC.

66022666

Principal Place of Business	Mailing Address
22602 YONGE ROAD EUSTIS, FL 32736	POST OFFICE BOX 951 SORRENTO, FL 32776

DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3725073
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, WALTER D
22602 YONG RD
EUSTIS, FL 32736

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TURNER, WALTER D
STREET ADDRESS	22602 YONGE RD
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	Mixson, Wayne VP
NAME	
STREET ADDRESS	P.O. Box 2187
CITY-ST-ZIP	Apopka, FL 32704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: Walter D Turner 4/21/05 (352) 589-1412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #