

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90253 005 ***150.00

DOCUMENT # P01000100504

1. Entity Name
 LMR OF WINDERMERE, INC.



Principal Place of Business
 1165 E PLANT ST STE 16
 WINTER GARDEN, FL 34787

Mailing Address
 2607 CORAL STONE CT.
 WINDERMERE, FL 34786

50041746



04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3752148

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REAGAN, JAMES
 2607 CORAL STONE CT.
 WINDERMERE, FL 34786

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/05

DATE

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PTD
 REAGAN, JAMES
 2607 CORAL STONE CT.
 WINDERMERE, FL 34786 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VSD
 DOERK, RUSSELL J
 P. O. BOX 691329
 ORLANDO, FL 326891329 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

T
 KRISTINA H. DOERK
 P.O. BOX 691329
 ORLANDO FL 32689-1329 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/05

407-929-0608