

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006478

Entity Name: MINE OF LAKE CITY, INC.

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

231 NW BURK AVE
SUITE 107
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

231 NW BURK AVE
SUITE 107
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 94-3414992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, GUY N
231 NW BURK AVE
SUITE 107
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, GUY N
Address: 231 NW BURK AVE SUITE 107
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: WILLIAMS, DALE M
Address: RT 21 BOX 3003
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, DALE M
Address: 1121 SW MT CARMEL AVE
City-St-Zip: LAKE CITY, FL 32024

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: GUY N. WILLIAMS

D

01/06/2005

Electronic Signature of Signing Officer or Director

Date