


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000017803 1. Entity Name LAKE COMPUTER SERVICES, INC.	
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Principal Place of Business 219A RIDGECREST LOOP MINNEOLA, FL 34712	Mailing Address P.O. BOX 121262 CLERMONT, FL 34712
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0548368	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, MARK E
219A RIDGECREST LOOP
MINNEOLA, FL 34712

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000065598 02/25/04-80044-016 158.75
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10. OFFICERS AND DIRECTORS	
NAME DREIDA D STONE STREET ADDRESS 219A RIDGECREST LOOP CITY-STATE-ZIP MINNEOLA, FL 34712	
NAME MARK E STONE STREET ADDRESS 219A RIDGECREST LOOP CITY-STATE-ZIP MINNEOLA, FL 34712	
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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: MARK E. STONE 2-23-04 689-7153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #