2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 27, 2005 8:00 am Secretary of State **DOCUMENT # P02000024985** 1. Entity Name 01-27-2005 90046 022 ***150.00 TOWN MANOR ON THE LAKE BED & BREAKFAST, INC. Principal Place of Business Mailing Address 585 SR 559 585 SR 559 AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 35-2161069 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOWN, DONALD L Street Address (P.O. Box Number is Not Acceptable) 585 SR 559 AUBURNDALE FL 33823 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) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE ☐ Addition TITLE Delete TOWN, DONALD L NAME NAME 585 SR 559 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AUBURNDALE FL 33823** CITY-ST-ZIP ☐ Delete Change Addition TOWN, NANCY D STREET ADDRESS 585 SR 559 STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THIF Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tyle 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 frustee 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 ORDIRECTOR

FILED

Date

Daytme Phone #