

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90011 032 \*\*\*150.00

<b>DOCUMENT # P02000080747</b> 1. Entity Name <b>LAKE MARY PRESIDENTIAL REALTY, INC.</b>					
Principal Place of Business <b>3070 W LAKE MARY BLVD #116 LAKE MARY, FL 32746</b>			Mailing Address <b>3070 W LAKE MARY BLVD #116 LAKE MARY, FL 32746</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>02-0635023</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BENJAMIN, LEANNE 822 TAMLINSON TERRACE LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST BENJAMIN, LEANNE 822 TOMLINSON TERR LAKE MARY, FL 32746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Leanne Benjamin</u> 1/10/05 407 688-9003 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50002797



01102005 Chg-P CR2E034 (10/03)

*change to  
Tomlinson*