

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000115855

1. Entity Name
LAKE & WETLAND CONSULTING CORP.



Principal Place of Business
941 TROPIC BLVD
DELRAY BEACH, FL 33483

Mailing Address
941 TROPIC BLVD
DELRAY BEACH, FL 33483

**FILED
Mar 23, 2005 8:00 am
Secretary of State**

03-23-2005 90048 003 ***150.00



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0489398	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

FISCHER, BRIAN
941 TROPIC BLVD
DELRAY BEACH, FL 33483

**DO NOT WRITE
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

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
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 D
NAME FISCHER, LESLIE
STREET ADDRESS 941 TROPIC BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME FISCHER, BRIAN
STREET ADDRESS 941 TROPIC BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME FISCHER, STUART
STREET ADDRESS 941 TROPIC BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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

3/15/05 735-3732
S61
Date Daytime Phone #