

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000000737**

1. Entity Name  
**LONG LAKE CONSULTING, INC.**



Principal Place of Business  
**611 LONG LAKE DRIVE  
OVIEDO, FL 32765**

Mailing Address  
**611 LONG LAKE DRIVE  
OVIEDO, FL 32765**



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>43-1988568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DAWSON, CLARENCE E JR.  
611 LONG LAKE DRIVE  
OVIEDO, FL FL**

**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 reappointing)

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	P
NAME	DAWSON, CLARENCE E JR.
STREET ADDRESS	611 LONG LAKE DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	VP
NAME	DAWSON, TERRY L
STREET ADDRESS	611 LONG LAKE DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	TRES
NAME	DAWSON, CLARENCE E JR.
STREET ADDRESS	611 LONG LAKE DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	SECY
NAME	DAWSON, TERRY L
STREET ADDRESS	611 LONG LAKE DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(f), 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:**

*Clarence E. Dawson Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 13, 2005*  
Date

*407.365.1026*  
Daytime Phone #