

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035291

FILED
Feb 04, 2005
Secretary of State

Entity Name: LAKE OF THE WOODS RESORT, INC

Current Principal Place of Business:

1524 E. LIVINGSTON ST.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1524 E. LIVINGSTON ST.
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 45-0506980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLEHARDT, JOHN C
1524 E. LIVINGSTON ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAZER, JEFFREY
Address: 851 W. S.R. 436, SUITE 1015
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SEC () Delete
Name: ENGLEHARDT, JOHN C
Address: 1524 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. ENGLEHARDT

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02/04/2005

Electronic Signature of Signing Officer or Director

Date