

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-14-2005 90004 014 ***150.00

DOCUMENT # P03000036284

1. Entity Name
LAKE SILVER HOMES, INC.



Principal Place of Business
**4340 SHERIDAN STREET
SUITE 102
HOLLYWOOD, FL 33021**

Mailing Address
**4340 SHERIDAN STREET
SUITE 102
HOLLYWOOD, FL 33021**

50002437



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0359658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, RONALD G ESQ.
4340 SHERIDAN STREET
SUITE 102
HOLLYWOOD, FL 33021**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARRISON, RODNEY
4865 SW 58TH AVENUE
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RONALD KLEIN
4340 SHERIDAN ST #102
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

Date

Daytime Phone #

1/5/04 954-9868822