


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000043746

1. Entity Name
 HOME BODIES OF LAKE COUNTY, INC.



Principal Place of Business Mailing Address
 411 S. PALM AVENUE 411 S. PALM AVENUE
 HOWEY-IN-THE-HILLS, FL 34737 HOWEY-IN-THE-HILLS, FL 34737

DO NOT WRITE IN THIS SPACE



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3431347 Not Applicable

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

6. Name and Address of Current Registered Agent

WOLCOTT, BETTY
 411 S. PALM AVENUE
 HOWEY-IN-THE-HILLS, FL 34737

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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. \$5.00 May Be Added to Fees

000000257749
 03/10/05-80013-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WOLCOTT, LOUIS 411 S. PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WOLCOTT, BETTY 411 S. PALM AVENUE HOWEY-IN-THE-HILLS, FL 34737
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)(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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Wolcott* LOUIS R. WOLCOTT 3-6-05 352-551-4289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #