2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044335

158.75 Delaney

1. Entity Name
LAKESIDE DELANEY, INC.

Principal Place of Business	Mailing Address
2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789	2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04132004   Chg-P   CR2E034 (10/03)

4. FEI Number 77-0595986	Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LECCESE, SALVADOR 2221 LEE ROAD SUITE 28 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ____ Zip Code

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, 2004 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	Pres + Tres	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Salvador F. Leccese		NAME		
STREET ADDRESS	2221 Lee Road, Suite 28		STREET ADDRESS		
CITY-ST-ZIP	Winter Park, FL 32789		CITY-ST-ZIP		
TITLE	VP + Secty	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Frank K. Grosch		NAME		
STREET ADDRESS	2221 Lee Road, Suite 28		STREET ADDRESS		
CITY-ST-ZIP	Winter Park, FL 32789		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____   4-14-04   407-645-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #