

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044335

1. Entity Name
LAKESIDE DELANEY, INC.



05 APR 25 AM 11:58

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

2221 LEE ROAD
SUITE 28
WINTER PARK, FL 32789

Mailing Address

2221 LEE ROAD
SUITE 28
WINTER PARK, FL 32789

2. Principal Place of Business

650 S. Northlake Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Altamonte Springs, FL

Zip

32701

Country

3. Mailing Address

650 S. Northlake Blvd

Suite, Apt. #, etc.

Suite 450

City & State

Altamonte Springs, FL

Zip

32701

Country



03312005

Chg-P

CR2E034 (10/03)

05

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

LECCSE, SALVADOR
2221 LEE ROAD
SUITE 28
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

650 S. Northlake Blvd, Suite 450

City

Altamonte Springs

FL

Zip Code

32701

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 PT
NAME LECCSE, SALVADOR
STREET ADDRESS 2221 LEE RD STE 28
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE VPS
NAME GROSEH, FRANK K
STREET ADDRESS 2221 LEE RD STE 28
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 650 S. Northlake Blvd, Suite 450
CITY-ST-ZIP Altamonte Springs, FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 650 S. Northlake Blvd, Suite 450
CITY-ST-ZIP Altamonte Springs, FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-13-05
Date

407-645-5575
Daytime Phone #