



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000064396	
1. Entity Name LAKE COUNTRY REAL ESTATE, INC.	

Principal Place of Business 633 S LAKEVIEW RD LAKE PLACID, FL 33852	Mailing Address PO BOX 1467 LAKE PLACID, FL 33862
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DO NOT WRITE IN THIS SPACE



08302005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KRUFT, E.M.
633 S LAKEVIEW RD
LAKE PLACID, FL 33852**

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 E.M. Kruff E.M. Kruff 8/29/05
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☒

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUFT, E.M. 633 S LAKEVIEW RD LAKE PLACID, FL 33852
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09/01/05-R1004-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: E.M. Kruff E.M. Kruff 8/29/05 863)649-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #