2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000068397 1. Entity Name 02-17-2004 90021 003 ***150.00 LAKESIDE BUILDERS, INC. Principal Place of Business Mailing Address 9048 OLD WINTER GARDEN RD. 9048 OLD WINTER GARDEN RD. ORLANDO, FL 32835 FL ORLANDO, FL 32835 FL 94017148 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 27-0061602 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REINHEIMER, BARRY D Street Address (P.O. Box Number is Not Acceptable) 9048 OLD WINTERGARDEN RD. ORLANDO, FL 32835 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **TATLE** ☐ Delete TITLE ☐ Change ☐ Addition MAME BARRY D. REINHEIMER Rd. NAME STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition REX KUNDIGER 9048 Old WINTER GARDEN RD. NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-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 filling 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. 407.354.1275

FILED

Feb 17, 2004 8:00 am