


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # P03000086444<br>1. Entity Name<br>LAKE HOWARD INVESTMENTS, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>4685 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32811 | Mailing Address<br>4685 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32811 |
|---|---|



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>61-1456287                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VAN WINKLE, PHILIP  
4685 OLD WINTER GARDEN ROAD  
ORLANDO, FL 32811

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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 file 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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPVT<br>VAN WINKLE, PHILIP<br>4685 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32811 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>VAN WINKLE, PHILIP<br>4685 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32811    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/05/05-80069-024 150.00

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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 907, 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:  DATE: 3/28/05 DAYTIME PHONE #: 407-244-2879