FILED
Apr 22, 2004 8:00 am
Secretary of State
04-09-2004 90071 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000116120

1. Entity Name
LAKE GLENVILLE, INC.

Principal Place of Business	Mailing Address
310 OKEECHOBEE BLVD, STE 100 WEST PALM BEACH, FL 33401	310 OKEECHOBEE BLVD, STE 100 WEST PALM BEACH, FL 33401

03152004 Chg-P CR2E034 (10/03)

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

4. FEI Number 77-0610656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREMER, PAUL C
310 OKEECHOBEE BLVD, STE 100
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete	TITLE	D/P	☒ Change ☐ Addition
NAME	RINKER, DAVID V		NAME	Rinker, David B.	
STREET ADDRESS	556 MUIRFIELD DR		STREET ADDRESS	310 Okeechobee Blvd. Suite 100	
CITY-ST-ZIP	ATLANTIC, FL 33462		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	☐ Delete	TITLE	D/VP/T/S	☒ Change ☐ Addition
NAME	RINKER, LEIGHAN R		NAME		
STREET ADDRESS	556 MUIRFIELD DR		STREET ADDRESS	310 Okeechobee Blvd. Suite 100	
CITY-ST-ZIP	ATLANTIC, FL 33462		CITY-ST-ZIP	West Palm Beach, FL 33401	
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: David B. Rinker, President 3/19/04 561-835-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #