


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (5-T)**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90135 034 \*\*\*150.00

DOCUMENT # P03000149216			
1. Entry Name EAST LAKE VENTURES NORTH, INC.			
Principal Place of Business 17452 NW US HWY 19 FANNING SPRINGS FL 32693		Mailing Address 17452 NW US HWY 19 FANNING SPRINGS FL 32693	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc. 17452 N.W. U.S. 19		Suits, Apt. #, etc. 17452 N.W. U.S. 19	
City & State Fanning Sprgs FL		City & State Fanning Sprgs FL	
Zip 32693		Country USA	
4. FEI Number 20-0482453		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GEORGE 17452 NW US HWY 19 FANNING SPRINGS FL 32693		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President George H. Smith 1018 N.E. 824 ST Old Town FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary Renate F. Smith 1018 N.E. 824 ST Old Town FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: <i>Renate F. Smith</i>		4/5/05 - 352-463-0718	
George Smith		4/10/05 352-463-0718	