

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

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<b>DOCUMENT # P03000156566</b> 1. Entity Name <b>LAKE LATIMER OF SOUTH BEACH, INC.</b>					
Principal Place of Business <b>2355 FORREST ROAD WINTER PARK, FL 32789 US</b>			Mailing Address <b>2355 FORREST ROAD WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-2681679</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LATIMER, TED 2355 FORREST ROAD WINTER PARK, FL 32789</b>				Name Street Address (P.O. Box Number Is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D/T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LATIMER, TED		NAME		
STREET ADDRESS	2355 FORREST ROAD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	V/D/S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lake, Inge		NAME		
STREET ADDRESS	60 Lakeview Drive		STREET ADDRESS		
CITY-ST-ZIP	Old Tappan, NJ 07675		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Ted Latimer</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President <b>Ted Latimer</b> 407-252-8600 _____ <small>Date Daytime Phone #</small>		