

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-26-2005 90126 037 ***155.00

DOCUMENT # P04000061084					
1. Entity Name LAKE COUNTRY SUDDEN SERVICES, INC.					
Principal Place of Business 117 TEMPTATION LANE LAKE PLACID FL 33852			Mailing Address 117 TEMPTATION LANE LAKE PLACID FL 33852		
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 04-3816665	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, JOSEPH T 117 TEMPTATION LANE LAKE PLACID FL 33852				7. Name and Address of New Registered Agent Name Helen N. Obrock Street Address (P.O. Box Number is Not Acceptable) 117 TEMPTATION LN LAKE PLACID City FL Zip Code 33852	
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 <i>Helen N. Obrock</i> Signature, typed or printed name of registered agent and title if applicable				DATE 4-21-05 (NOTE: Registered Agent signature required when reinstating)	
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. ☒ \$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 ☒ Delete Joseph T. Sanders 117 TEMPTATION LN LAKE PLACID FL 33852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ☐ Change ☒ Addition Wayne Bieneman 117 TEMPTATION LN LAKE PLACID FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Change ☒ Addition Helen Obrock 117 TEMPTATION LN LAKE PLACID FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec - Treasurer ☐ Change ☒ Addition Roxane Ksander 117 TEMPTATION LN LAKE PLACID FL 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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>Helen N. Obrock</i> <i>Helen N. Obrock</i> #863- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-21-05 Daytime Phone # 649 6370					