


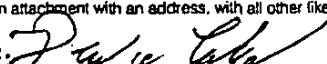
2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90002 014 ***150.00
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SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P04000069106			
1. Entity Name LAKESHORE LIVING, INC.			
Principal Place of Business P.O. BOX 1388 THONOTOSASSA, FL 33592		Mailing Address P.O. BOX 1388 THONOTOSASSA, FL 33592	
2. Principal Place of Business 10921 MISTLETOE DR		3. Mailing Address 2918 BIRCH LAKE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THONOTOSASSA, FL		City & State TAMPA, FL	
Zip 33592		Zip 33614	
Country USA		Country USA	
4. FEI Number 20-1055926		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAGAN, EDWIN B. 2709 ROCKY POINT DR SUITE 102 TAMPA, FL 33607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDWELL, DAVID P.O. BOX 1388 THONOTOSASSA, FL 33592 <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: 		6/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	