
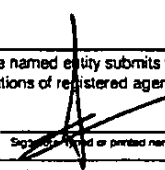



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90066 049 \*\*\*150.00

<b>DOCUMENT # P04000079758</b> 1. Entity Name <b>LAKEWOOD BUILDERS, INC.</b>					
Principal Place of Business <b>7353 INTERNATIONAL PLACE SUITE 307 SARASOTA, FL 34240 US</b>			Mailing Address <b>7353 INTERNATIONAL PLACE SUITE 307 SARASOTA, FL 34240 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent  <b>GARCIA, ALEXANDER 1738 SOUTHPONTE DRIVE SARASOTA, FL 34231</b>				7. Name and Address of New Registered Agent Name <b>Garcia Alexander</b> Street Address (P.O. Box Number is Not Acceptable) <b>7353 International Place</b> <b>Suite 307</b> City <b>Sarasota</b> FL Zip Code <b>34240</b>	
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 <b>2-15-05</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARCIA, ALEXANDER</b>		NAME	<b>Garcia Alexander</b>	
STREET ADDRESS	<b>1738 SOUTHPONTE DRIVE</b>		STREET ADDRESS	<b>7353 International Place #307</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	<b>Sarasota, FL 34240</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GARCIA, ROSA</b>		NAME	<b>Garcia, Rosa</b>	
STREET ADDRESS	<b>1738 SOUTHPONTE DRIVE</b>		STREET ADDRESS	<b>7353 International Place</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	<b>Sarasota, FL 34240</b>	
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:  DATE <b>3-14-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66005759**



01032005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1138912** Applied For ☐ Not Applicable ☐

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