

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091451

FILED  
Jan 21, 2005  
Secretary of State

Entity Name: LAKESHORE EIGHT INVESTMENTS, INC.

**Current Principal Place of Business:**

129 LOMBARD CIR  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

129 LOMBARD CIR  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 04-0562857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOOLCHAND, DAVE  
129 LOMBARD CIR  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEODAT, OMADAT  
Address: 133-10 133RD AVE  
City-St-Zip: S OZONE PARK, QUEENS, NY 11420

Title: STD ( ) Delete  
Name: MOOLCHAND, DAVE  
Address: 129 LOMBARD CIR  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE MOOLCHAND

PD

01/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date