

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90173 001 ***158.75

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04232005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000097645			
1. Entity Name LADY LAKE HOSPITALITY, INC.			
Principal Place of Business 108 S. DIXIE HWY LADY LAKE, FL 32159		Mailing Address 108 S. DIXIE HWY LADY LAKE, FL 32159	
2. Principal Place of Business 108 S. Old Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 108 S. Old Dixie Hwy Suite, Apt. #, etc.	
City & State Lady Lake, FL		City & State Lady Lake, FL	
Zip 32159		Zip 32159	
Country USA		Country USA	
4. FEI Number 20-1299248		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINMETZ, NANCY P 108 S. DIXIE HWY LADY LAKE, FL 32159		7. Name and Address of New Registered Agent Name Nancy P. Steinmetz Street Address (P.O. Box Number is Not Acceptable) 108 S. Old Dixie Hwy City Lady Lake FL Zip Code 32159	
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 <u>Nancy P. Steinmetz</u> <u>Nancy P. Steinmetz Pres.</u> <u>4-23-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D STEINMETZ, NANCY P 108 S. DIXIE HWY LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Nancy P. Steinmetz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 S. Old Dixie Hwy Lady Lake, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Neil J. Steinmetz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 S. Old Dixie Hwy Lady Lake, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Stephen A. Steinmetz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 S. Old Dixie Hwy Lady Lake, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Susan O'Brien <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 S. Old Dixie Hwy Lady Lake, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Shirley J. Rodriguez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 S. Old Dixie Hwy Lady Lake, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Nancy Steinmetz</u> <u>4-23-05</u> <u>352-753-9009</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	