


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 045 ***150.00

DOCUMENT # P04000102680

1. Entity Name
LAKESIDE TOWN SHOPS, INC.



Principal Place of Business Mailing Address
300 S.E. 2ND STREET **300 S.E. 2ND STREET**
FORT LAUDERDALE, FL 33301 **FORT LAUDERDALE, FL 33301**

50045706



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01062005 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number
55-0874445

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, PATRICIA
300 S.E. 2ND STREET
FORT LAUDERDALE, FL 33301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	STILES, TERRY W	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VT	<input type="checkbox"/> Delete
NAME	EAGONS, DOUGLAS P	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	VS	<input type="checkbox"/> Delete
NAME	JONES, PATRICIA	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLOREK, DONNA	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	PALMER, STEPHEN R	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINE, JAMES W	
STREET ADDRESS	300 S.E. 2ND STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Terry W. Stiles Terry W. Stiles 4/20/05 954/627-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50045706
P04000102680

UNIFORM BUSINESS REPORT

10. CONTINUED

TITLE: V
NAME: O'SHEA, DENNIS F.
STREET ADDRESS: 300 SE 2nd St.
CITY-ST-ZIP: Ft. Lauderdale, FL 33301