


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90153 001 \*\*\*158.75

**DOCUMENT # P04000102971**  
 1. Entity Name  
 BAY LAKE ESTATES OF MASCOTTE, INC.



Principal Place of Business  
 11050 AUTUMN LN  
 CLERMONT, FL 34711

Mailing Address  
 11050 AUTUMN LN  
 CLERMONT, FL 34711

2. Principal Place of Business  
 8340 American Way

3. Mailing Address  
 P.O. Box 5000

Suite, Apt. #, etc.



01202005 Chg-P CR2E034 (10/03)

City & State  
 Groveland, FL

City & State  
 Groveland, FL

4. FEI Number  
 20-1541270

Applied For  
 Not Applicable

Zip  
 34736

Country  
 USA

Zip  
 34736

Country  
 USA

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

6. Name and Address of Current Registered Agent  
 FULMER, CARROLL L  
 11050 AUTUMN LN  
 CLERMONT, FL 34711

7. Name and Address of New Registered Agent  
 Name  
 Timothy A. Fulmer  
 Street Address (P.O. Box Number is Not Acceptable)  
 8340 American Way  
 City  
 Groveland FL Zip Code  
 34736

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 *Carroll L. Fulmer* Carroll L. Fulmer 4-7-05

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FULMER, CARROLL L 11050 AUTUMN LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FULMER, BARBARA B 11050 AUTUMN LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TURNER, CYNTHIA F 12928 LOOKINGBULL LN CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FULMER, PHILIP R 8000 CHERRY LAME RD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FULMER, CARROLL A 11810 OSPREY POINTE BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FULMER, TIMOTHY A 13045 SUGAR BLUFF RD CLERMONT, FL 34711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE: *Tim Fulmer* Tim Fulmer 4-7-05 352-429-5000

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