

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171475

Entity Name: LAKE COUNTY HOMES, INC.

FILED
Feb 25, 2005
Secretary of State

Current Principal Place of Business:

803 EAST 5TH AVE.
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

803 EAST 5TH AVE.
MT DORA, FL 32757

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, CHERYL
42308 EAST SAFFRON CT.
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

FRANCIS, CHERYL
803 EAST 5TH AVE.
MT DORA, FL 32757 US

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: CHERYL FRANCIS

02/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANCIS, CHERYL
Address: 42308 EAST SAFFRON CT.
City-St-Zip: EUSTIS, FL 32736

Title: D (X) Delete
Name: JONES, MICHELLE
Address: 86943 FORESTDEL DR.
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANSEN, DAVID
Address: 209 NE 36TH AVE.
City-St-Zip: OCALA, FL 34470

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: DAVID HANSEN

D

02/25/2005

Electronic Signature of Signing Officer or Director

Date