


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 APR 23 PM 3: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P92000008840</b> 1. Entity Name LAKE MONROE ASSOCIATES OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 2211 AZALEA PLACE WINTER PARK, FL 32789	Mailing Address 2211 AZALEA PLACE WINTER PARK, FL 32789
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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04132004 Chg-P CR2E034 (10/03)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number 59-3160153	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  WILLNER, DAVID M 1792 LAKE BERRY DRIVE WINTER PARK, FL 32789	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D WILLNER, STUART N 1117 RUSSELL DRIVE HIGHLAND BEACH, FL 33487	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	600035832536
CITY-ST-ZIP		CITY-ST-ZIP	05/10/04--01112--014 **826.25
CITY-ST-ZIP		CITY-ST-ZIP	
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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: Ralph M. Schmidt RALPH M. SCHMIDT 4/19/04 407-644-1516

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

\$150