

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000058886:

1. Entity Name
LAKE JUDY LEE CORPORATION, INC.



**FILED
Mar 16, 2005 8:00 am
Secretary of State**

03-16-2005 90034 047 ***150.00

50027104



03102005 Chg-P CR2E034 (10/03)

Principal Place of Business		Mailing Address	
1715 EAST BAY DRIVE LARGO, FL		1988 GULF TO BAY ATTN: B. HAYES CLEARWATER, FL 34630 US	
2. Principal Place of Business		3. Mailing Address	
		418 MIDWAY ISLAND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		33767	USA

4. FEI Number 59-3200638	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, ELIZABETH
1988 GULF TO BAY
CLEARWATER, FL 34630

Name		
Street Address (P.O. Box Number is Not Acceptable)		
418 MIDWAY ISLAND		
City	FL	Zip Code
CLEARWATER		33767

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

Elizabeth J Hayes, Seffner, FL

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar 10, 2005

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEHLE, MANFRED WALDRING 3 76337 WALDBRONN, GERMANY, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAYES, ELIZABETH 418 MIDWAY ISLAND CLEARWATER, FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Elizabeth J Hayes, Seffner, FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 10, 2005 727-460-5051