

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010780

Entity Name: D R LAKES, INC.

FILED
Jan 19, 2004
Secretary of State

Current Principal Place of Business:

1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1800 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0466900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, MICHAEL E
1800 APLM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELLA RATTI, JOSEPH M
Address: 18385 SE VILLAGE CIRCLE
City-St-Zip: TEQUESTA, FL

Title: S () Delete
Name: DELLA RATTI, J RAPHAEL
Address: RT 91
City-St-Zip: GLENWOOD, MD

Title: T () Delete
Name: RATTI-REDMOND, JENNIFER DELLA
Address: 4271 N 38TH STREET
City-St-Zip: ARLINGTON, VA 22207

Title: VS () Delete
Name: WOOD, MICHAEL E
Address: 1800 PALM BEACH LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DELLA RATTI, J RAPHAEL
Address: RT 91
City-St-Zip: GLENWOOD, MD

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: GRIMM, ELIZABETH
Address: 3890 RT 97
City-St-Zip: GLENNWOOD, MD 21738

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: MICHAEL WOOD

VS

01/19/2004

Electronic Signature of Signing Officer or Director

Date