


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000010780 1. Entity Name D R LAKES, INC.	
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Principal Place of Business 1800 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401	Mailing Address 1800 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0466900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 restate.)

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

1000000203018
 01/29/05-80013-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA RATTA, JOSEPH M 18385 SE VILLAGE CIRCLE TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELLA RATTA, J RAPHAEL RT 91 GLENWOOD, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RATTA-REDMOND, JENNIFER DELLA 4271 N 38TH STREET ARLINGTON, VA 22207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOOD, MICHAEL E 1800 PALM BEACH LAKES BLVD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMM, ELIZABETH 3890 RT 97 GLENWOOD, MD 21738
TITLE NAME STREET ADDRESS 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: *Michael Wood* **MICHAEL WOOD** 1/24/2005 561-683-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #