


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000012340</b> 1. Entity Name LAKE WSS, INC.	
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Principal Place of Business 201 W. MAGNOLIA ST LEESBURG, FL 34748 US	Mailing Address 100 WEST MEADOW LEESBURG, FL 34748
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**DO NOT WRITE IN THIS SPACE**

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01252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3230725	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

POTTER, DEL G  
308 E. FIFTH AVE.  
MOUNT DORA, FL 32757

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, CARL W JR. 100 WEST MEADOW LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, SHARLENE L 100 WEST MEADOW LEESBURG, FL 34748
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U00000129632  
04/26/04-80086-011 150.00

**DO NOT WRITE  
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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:** Sharlene L. Stewart SHARLENE L. STEWART 4/20/04 352-728-2093

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