

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000018516

1. Entity Name
LAKE CLAY CORPORATION



Principal Place of Business
**2203 US 27 NORTH
LAKE PLACID, FL 33852**

Mailing Address
**2203 US 27 NORTH
LAKE PLACID, FL 33852**



03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3243832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDEVITT, PETER
2203 US 27 NORTH
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

5. 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCDEVITT, PETER
STREET ADDRESS	2203 US 27TH NORTH
CITY - ST - ZIP	LAKE PLACID, FL
TITLE	VP
NAME	HAVILAND, JOHN
STREET ADDRESS	229 S. COMMERCE AVENUE
CITY - ST - ZIP	SEBRING, FL 33870
TITLE	ST
NAME	SHRINER, WILLIAM DR
STREET ADDRESS	603 LAKE BLUE DRIVE
CITY - ST - ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/18/04-80037-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Peter H. McDevitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. McDevitt

3/11/04 863 465 1234

Date

Daytime Phone #