


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P94000023083 1. Entity Name LAKEHILL VENTURES, INC. |  |
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| Principal Place of Business 12601 60TH ST N CLEARWATER, FL 33760 US | Mailing Address PO BOX 17272 CLEARWATER, FL 33762 US |
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3231564 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LANGFORD, GENE 1715 W CLEVELAND STREET TAMPA, FL 33606 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | | <p>U000000121025 04/20/04-BU032-020 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BROOKE, KENNETH 175 17TH AVE N SAINT PETERSBURG, FL 33709 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V JACKSON, WALTER 3132 SPOONHILL CT CLEARWATER, FL 33762 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

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 reports 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:  **Mar 17 04 1-727-533 8983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #