


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000004091 1. Entity Name THE PRESERVE AT LAKE THOMAS, INC.	
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Principal Place of Business 2514 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639 US	Mailing Address P.O. BOX 1227 LAND O LAKES, FL 34639-1227 US
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04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3289918	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TROCKE, MICHAEL T 101 E. KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602

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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P PINSON, ROBERT H 212305 AARON COURT LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ROSENBLATT, FRANK 854 RIVIERA DRIVE TAMPA, FL 33608
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST PINSON, ROBERT C 21203 PRE SENSATION DRIVE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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04/28/05-80104-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Robert H. Pinson** 4/26/05 813-909-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Phone #