

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90276 017 ***150.00

DOCUMENT # P95000026281					
1. Entity Name RICHARD D. LAKEMAN, P.A.					
Principal Place of Business 3636 DEL PRADO BLVD CAPE CORAL, FL 33910			Mailing Address PO BOX 101580 CAPE CORAL, FL 33910		
2. Principal Place of Business 19 NORTH DEL PRADO BLVD			3. Mailing Address SAME AS ABOVE		
Suite, Apt. #, etc. Suite "A"			Suite, Apt. #, etc. ABOVE		
City & State CAPE CORAL, FLORIDA			City & State CAPE CORAL, FLORIDA		
Zip 33909		Country LEE		Zip 33909	
6. Name and Address of Current Registered Agent LAKEMAN, RICHARD D 3636 DEL PRADO BLVD CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name: LAKEMAN, RICHARD D Street Address (P.O. Box Number is Not Acceptable): 19 NORTH DEL PRADO BLVD Suite "A" City: CAPE CORAL FL Zip Code: 33909	
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)					
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		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LAKEMAN, RICHARD D 3636 DEL PRADO BLVD CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKEMAN, RICHARD D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 NORTH DEL PRADO BLVD Suite A CAPE CORAL, FL 33909				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/19/05 (239) 458-8190					