## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000033218

1. Entity Name

LAKÉVIEW TERRACE RETIREMENT SERVICES, INC.



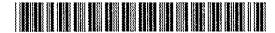
FILED

Mar 19, 2004 08:00 AM Secretary of State

Principal Place of Business

1095 W. MORSE BLVD. WINTER PARK, FL 32789 Mailing Address

1095 W. MORSE BLVD. WINTER PARK, FL 32789



03092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3314032

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, KENNETH 1095 W. MORSE BLVD WINTER PARK, FL 32789

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			IIV	I NIS SPACE	
8. The above named the obligations of		urpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and a	accept
SIGNATURE					<u></u> ,
Signature	e, typed or printed name of registered agent and like if	applicable (NOTE Registered Agent signature	re required when reinstating)	DATE	
	Will FEE IS \$150.00 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
STREET ADDRESS 1095	IULTZ, KENNETH 5 W. MORSE BLVD. TER PARK, FL 32789			U00000092788 03/19/04-80023-002 150.00	
STREET ADDRESS. 1095	IGS, TERRY 5 W. MORSE BLVD. TER PARK, FL 32789	· -			
TITLE		1			

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BUS 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 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.

\*\*Compatible School 1.1.\*\*

Kenneth Schultz

Secretary/Treasurer

03/09/04

 $407-645-3211 \times 35$ 

THE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_1

Date Daytime Phone #