

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90514 009 ***150.00

DOCUMENT # P95000055128

1. Entity Name
FOUR LAKES, INC.



Principal Place of Business
**887 LEXINGTON RD
PENSACOLA, FL 32514 US**

Mailing Address
**887 LEXINGTON RD
PENSACOLA, FL 32514 US**

54040471



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3351875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEWMAN, RAYMOND F JR
150 EGLIN PARKWAY, NE
FT WALTON BEACH, FL 32548**

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUGG STEPHEN 887 LEXINGTON RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUGG AMY E 887 LEXINGTON RD PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAYNE, ROBERT K 4827 DRODDY ST HOUSTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Stephen C. Lugg **STEPHEN C. LUGG**

20 Apr 2004
Date

850 5546306
Daytime Phone #