
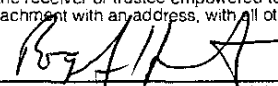


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90013 031 \*\*\*150.00

<b>DOCUMENT # P96000035512</b>					
<b>1. Entity Name</b> LAKE LINDA CIRCLE DEVELOPMENT CORPORATION					
<b>Principal Place of Business</b> 2036 LAKE LINDA CIR LUTZ, FL 33549 US			<b>Mailing Address</b> 2036 LAKE LINDA CIR LUTZ, 1 LUTZ, FL 33558 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2036 Lake Linda Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		City & State Lutz Florida		<b>4. FEI Number</b> 59-3373584	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 33558		Country US		01062004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OLESKI, RONALD 2036 LAKE LINDA CIR LUTZ, FL 33549			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> WNVKIEWICZ, STAN <b>STREET ADDRESS</b> 2036 LAKE LINDA CIR <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> HERRNSTEEN, ROGER <b>STREET ADDRESS</b> 2036 LAKE LINDA CIRCLE <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> SMITH, RITA <b>STREET ADDRESS</b> 2036 LAKE LINDA CIRCLE <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> Richard Levy <b>STREET ADDRESS</b> 2036 Lake Linda Circle <b>CITY-ST-ZIP</b> Lutz, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> BARKER, RAYMOND <b>STREET ADDRESS</b> 2036 LAKE LINDA CIRCLE <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> Alex Cantacugene <b>STREET ADDRESS</b> 2036 Lake Linda Circle <b>CITY-ST-ZIP</b> Lutz, FL 33558	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> SCHMITZ, LARRY <b>STREET ADDRESS</b> 2036 LAKE LINDA CIR <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Roger Herrnsteen, Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: Feb 17, 2004 Daytime Phone: 813-909-2547		