


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000060662</b> 1. Entity Name <b>FOUNTAINS &amp; FALLS OF LAKELAND, INC.</b>																													
Principal Place of Business <b>2365 US 92 E LAKELAND FL 33801</b>			Mailing Address <b>3646 ROYAL CREST DR. LAKELAND FL 33813</b>																										
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State 		City & State 		4. FEI Number <b>59-3390092</b>																									
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>ARTMAN, STEPHEN H 925 SOUTH FLORIDA AVE. LAKELAND FL 33803</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>KELLEY, RONALD</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3646 ROYAL CREST DR.</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>LAKELAND FL 33813</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	<b>KELLEY, RONALD</b>		STREET ADDRESS	<b>3646 ROYAL CREST DR.</b>		CITY - ST - ZIP	<b>LAKELAND FL 33813</b>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
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MOORE CR2E034 (11/03)

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01/27/04-80044-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ronald Kelley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *1-23-04* Daytime Phone #: *863 667-1117*