


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90003 019 \*\*\*158.75

<b>DOCUMENT # P97000016031</b>		
1. Entity Name <b>LAKE COUNTY SHUTTLE, INC.</b>		

Principal Place of Business <b>4500 N. HIGHWAY 19A MT. DORA, FL 32757</b>	Mailing Address <b>P.O. BOX 93 MT. DORA, FL 32757</b>
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2. Principal Place of Business <b>4500 N. Highway 19A</b>	3. Mailing Address <b>P.O. Box 93</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MT-DORA FL 32757</b>	City & State <b>MT-DORA, FL</b>
Zip <b>32757</b>	Country <b>U.S.A</b>

6. Name and Address of Current Registered Agent <b>SAINTE, GERALD 4300 N. HIGHWAY 19A MT. DORA, FL 32757</b>		7. Name and Address of New Registered Agent Name <b>SAINTE GERALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>4500 N. Hwy 19A</b> City <b>MT-DORA</b> FL Zip Code <b>32757</b>	
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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 <i>Gerald Sainte</i>	DATE <b>6-1-04</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAINTE, GERALD 4300 N. HIGHWAY 19A MT. DORA, FL 32757</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAINTE, MAGALIE 4300 N. HIGHWAY 19A MT. DORA, FL 32757</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Gerald Sainte</i>	DATE: <b>6-1-04</b> (352) 483-1155

44046432



03132003 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3428003</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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Attachment

44046432

#P97000016031

**Lake County Shuttle Inc.**

**P.O. Box 93**

**Mount Dora, FL 32757**

**(800) 482-0701**

**Fax: ~~352-242-9975~~ (407) 320-1884**

**To whom it may concern**

I've requested the form which I've never received. I have tried E-file since Saturday I finally downloaded the form which for some reason on another could never enter into the program again. I tried all day Sunday and Monday 5/3/04 to no avail. Certificate of status desired total: \$158.75

Thank you

\* Enclosed is the proper form  
filled and signed  
6/1/04

Gerald Lunte

P97-16031