## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000019488

1. Entity Name

FLORIDA TRUST CONSULTANTS OF LAKE COUNTY, INC.



Principal Place of Business

27405 US HWY 27

STE 113

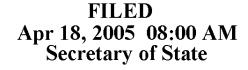
LEESBURG, FL 34748 \_

Mailing Address

27405 US HWY 27

STE 113

LEESBURG, FL 34748-7914





## DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3431749

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, EDWARD L JR 27405 US HWY 27 SUITE 113

LEESBURG, FL 34748-7914

DO	NOT	WRITE
IN	THIS	SPACE

8 The above	named entity submits this statement for the o	urnose of changing its registere	d office or r	edistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
	ions of registered agent.	or private or origing its registere	3 31100 57 1	ogisiored agent, or se	with the state of hished. Familianing with and decept	
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, 2005 Fee will be \$550.00  9. Election Carripaign Finance Trust Fund Contribution.		ting 🔲	\$5.00 May Be Added to Fees	//00000311973 04/18/05-80064-017 150.00		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, EDWARD L JR 27405 US HWY 27-STE 113 LEESBURG, FL 347487914					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANN, BARBARA J 27405 US HWY 27 STE 113 LEESBURG, FL 347487914					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE MAME 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)(f), 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 eath; 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.						