
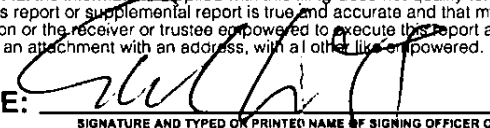


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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		
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 officers empowered.		
SIGNATURE:  4/25/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3431749

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000927838
05/21/08-80005-010-150.00

**DO NOT WRITE
IN THIS SPACE**