2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000036032

Entity Name
 LAKESIDE PROJECTS, INC.



FILED Feb 16, 2004 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business 3345 S. LAKE DRIVE MIAMI, FL 33155-3634 Mailing Address PO BOX 100290 PALM BAY, FL 32910-0290



02102004

DO NOT WRITE IN THIS SPACE

| 4. FEI Number | Applied For |
|----------------------------------|-----------------------------------|
| 65-0760026 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |

No Chg-P

IN THIS SPACE

6. Name and Address of Current Registered Agent

IDA B
DWRDOOK PD NE

DO NOT WRITE

BROWN, LINDA B 1160 MEADOWBROOK RD. NE PALM BAY, FL 32905-5048

title Name Street address

NAME STREET ADDRESS CITY-ST-7IP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

CNY-SI-ZIP

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.

| and congulation of regional agenta | | | |
|---|--|----------------|--|
| SIGNATURE | | | |
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE, Registered Agent signature required when reinstaling) | . , DATE, L. L | |

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME.

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME.

STREET ADDRESS
CITY-ST-ZIP

U00000052958

02/16/04-80111-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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, within other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION