

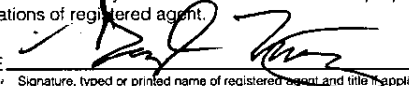
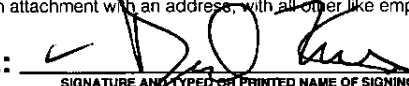


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90005 035 ***158.75

DOCUMENT # P97000050664					
1. Entity Name: LAKESIDE-MANAGEMENT, INC.					
Principal Place of Business: 1225 NW AVE L STE 102 BELLE GLADE, FL 33430			Mailing Address: P O BOX 485 BELLE GLADE, FL 33430 US		
2. Principal Place of Business: 200 SOUTH MAIN STEEET Suite, Apt. #, etc. BELLE GLADE, FL 33430		3. Mailing Address: 200 SOUTH MAIN STREET Suite, Apt. #, etc. BELLE GLADE, FL 33430			
City & State		City & State		4. FEI Number: 03082004 Chg-P CR2E034 (10/03) 65-0765591	
Zip		Country PALM BEACH		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country PALM BEACH		6. Name and Address of Current Registered Agent: TRIPP, DARRYL D. 1225 NW AVE L STE 102 BELLE GLADE, FL 33430	
7. Name and Address of New Registered Agent: Name TRIPP, DARRYL D. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH MAIN STREET City BELLE GLADE FL Zip Code 33430		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:  DARRYL TRIPP 4/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIPP, DARRYL D 1225 NW AVE L BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIPP, DARRYL D. 200 SOUTH MAIN STREET BELLE GLADE, FL 33430	<input checked="" 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
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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:  DARRYL TRIPP			4/2/04		561-992-4900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>