

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011536

FILED
Apr 23, 2004
Secretary of State

Entity Name: LAKE MARION MANAGEMENT, INC.

Current Principal Place of Business:

11860 W STATE ROAD 84
D-15
DAVIE, FL 33325

New Principal Place of Business:

11860 W STATE ROAD 84
B-15
DAVIE, FL 33325

Current Mailing Address:

11860 W STATE ROAD 84
D-15
DAVIE, FL 33325

New Mailing Address:

11860 W STATE ROAD 84
B-15
DAVIE, FL 33325

FEI Number: 59-3647366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, EDWARD H PA
5100 TOWN CENTER CIRCLE
430
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVENPORT, RICHARD A
Address: 11860 W STATE ROAD 84, B15
City-St-Zip: DAVIE, FL 33325

Title: DS () Delete
Name: GOLAN, AMNON
Address: 11860 W STATE ROAD 84, B15
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: DAVENPORT, STEVEN J
Address: 11860 W STATE ROAD 84, #B-15
City-St-Zip: DAVIE, FL 33325

Title: VP () Delete
Name: MORESCO, FRED
Address: 424 ALLSPICE CT.
City-St-Zip: KISSIMMEE, FL 34759

Title: SR V () Delete
Name: STEVENSON, REDDING
Address: 424 ALLSPICE CT.
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD DAVENPORT

P

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date