

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-12-2005 90123 029 ***150.00

DOCUMENT # P98000021297 1. Entity Name LAKEWOOD INVESTMENT GROUP, INC.			
Principal Place of Business 1300 SOUTH STATE ST., BUNNELL FL 32110 US		Mailing Address P.O. BOX 159 BUNNELL FL 32110 US	
2. Principal Place of Business 155 VALENCIA AVE State, Apt. #, etc.		3. Mailing Address P.O. BOX 510 Suite, Apt. #, etc.	
City & State OAK HILL, FL Zip Country 32759 USA		City & State OAK HILL, FL Zip Country 32759 USA	
4. FEI Number 59-3496398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES INC 150 MAGNOLIA AV DAYTONA BEACH FL 32114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 DP LEES, GEORGE 3540 JOHN ANDERSON ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS EDMONSON, FLYNN 807 N. ANDERSON BUNNELL FL 32110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP LEES, DELORES 3540 JOHN ANDERSON ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>George R. Lees</u> <u>May 4-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			