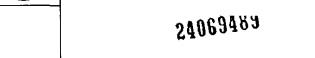
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000045730 1. Entity Name LMC CLERMONT DEVELOPMENT, INC. Principal Place of Business 33 EAST WALL STREET P.O. BOX 58



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

05-05-2004 90215 025 \*\*\*150.00



No Chg-P

04192004

## DO NOT WRITE IN THIS SPACE

FROSTPROOF, FL 33843

|--|

CR2E034 (10/03)

(863) 635-4804

Daytime Phone #

4. FEI Number		Applied For
59-1004757		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional auired

6. Name and Address of Current Registered Agent

WILSON, PEYTON 33 EAST WALL STREET FROSTPROOF, FL 33843

SIGNATURE:

FROSTPROOF, FL 33843

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	(NOTE Registere	d Agent signature required when reinstating)	DATE	_
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$\$50.00  File to Campaign Finan  Trust Fund Contribution.				DATE	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, PEYTON 33 EAST WALL STREET FROSTPROOF, FL 33843				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRADDOCK, F. HOOD 223 LAKE LINK ROAD WINTER HAVEN, FL 33884				3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, PATRICIA 33 EAST WALL STREET FROSTPROOF, FL 33843		DO	NOT WRITE	1
NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					• . •
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	on this report or supplemental report is true a	nd accurate and that my signal	ure shall have the same legal effe	(i), Florida Statutes. I further certify that the informat ct as if made under oath; that I am an officer or dire es; and that my name appears in Block 10 or Block	ctor

OFFICER OR DIRECTOR