

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-05-2004 90215 025 ***150.00

DOCUMENT # P98000045730

1. Entity Name
LMC CLERMONT DEVELOPMENT, INC.



Principal Place of Business
33 EAST WALL STREET
FROSTPROOF, FL 33843

Mailing Address
P.O. BOX 58
FROSTPROOF, FL 33843

24069489



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1004757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, PEYTON
33 EAST WALL STREET
FROSTPROOF, FL 33843

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, PEYTON
STREET ADDRESS	33 EAST WALL STREET
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	CRADDOCK, F. HOOD
STREET ADDRESS	223 LAKE LINK ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	WILSON, PATRICIA
STREET ADDRESS	33 EAST WALL STREET
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

F. Hood Craddock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F. Hood Craddock

4/29/04

Date

(863) 635-4804

Daytime Phone #