

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000055508

1. Entity Name
LAKEHURST DEVELOPERS, INC.



Principal Place of Business
**735 NORTH THORNTON AVENUE
ORLANDO, FL 32803**

Mailing Address
**735 NORTH THORNTON AVENUE
ORLANDO, FL 32803**



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3537314** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERMONT, SUNIA
735 NORTH THORNTON AVENUE
ORLANDO, FL 32803**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PIERMONT, SUNIA**
STREET ADDRESS **735 NORTH THORNTON AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **D**
NAME **PRIETO, MARIO**
STREET ADDRESS **735 NORTH THORNTON AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **VPTD**
NAME **CALLAHAN, JOHN T III**
STREET ADDRESS **80 FIRST STREET**
CITY-ST-ZIP **BRIDGEWATER, MA 02324**

TITLE **SD**
NAME **MURRAY, M SHANE**
STREET ADDRESS **1399 WEST STATE ROAD 434**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **D**
NAME **CALLAHAN, STEPHEN R**
STREET ADDRESS **80 FIRST STREET**
CITY-ST-ZIP **BRIDGEWATER, MA 02324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000142950
04/30/04-20047-021 150.00

**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: John T. Callahan III Date 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR