

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094457

FILED  
Mar 01, 2004  
Secretary of State

Entity Name: LAKE MASTERS AQUATIC WEED CONTROL, INC.

## Current Principal Place of Business:

P.O. BOX 2300  
PALM CITY, FL 34991

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2300  
PALM CITY, FL 34991

## New Mailing Address:

FEI Number: 59-3541068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.  
236 E 6TH AVE.  
TALLAHASSEE, FL 32303 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: PDAS ( ) Delete  
Name: COHEN, STUART R  
Address: 1963 NW 22 ST.  
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete  
Name: ALEX, THOMAS A  
Address: 11600 AUDUBOND LANE  
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete  
Name: SMALLRIDGE, W. CLINTON  
Address: 195 PARKWOOD DRIVE S.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP ( ) Delete  
Name: MARTIN, MICHEL D  
Address: 12550 EQUESTRIAN CIR. APT 603  
City-St-Zip: FORT MYERS, FL 33907

Title: VP (X) Delete  
Name: LLOYD, WILLIAM E  
Address: 4900 NW 65TH AVE  
City-St-Zip: LAUDERHILL, FL 32319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: COHEN, STUART R  
Address: 1963 NW 22 ST.  
City-St-Zip: STUART, FL 34994

Title: D (X) Change ( ) Addition  
Name: ALEX, THOMAS A  
Address: 11600 AUDUBOND LANE  
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Change ( ) Addition  
Name: SMALLRIDGE, W. CLINTON  
Address: P.O. BOX 212533  
City-St-Zip: ROYAL PALM BEACH, FL 33421

Title: VPD (X) Change ( ) Addition  
Name: MARTIN, MICHEL D  
Address: 12550 EQUESTRIAN CIR. APT 603  
City-St-Zip: FORT MYERS, FL 33907

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: STUART R. COHEN

P

03/01/2004

Electronic Signature of Signing Officer or Director

Date