

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000014675

1. Entity Name
LAKE MARGARET GROUP, INC.



Principal Place of Business
**6747 SUGARBUSH DRIVE
ORLANDO, FL 32819**

Mailing Address
**6747 SUGARBUSH DRIVE
ORLANDO, FL 32819**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RAYMOND COMBS, RODERICK JR.
6747 SUGARBUSH DRIVE
ORLANDO, FL 32819**

**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 resigning)

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**

**1100000083434
03/10/04-80039-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND COMBS, RODERICK JR. 6747 SUGARBUSH DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, EUGENE 2618 WATKINS DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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: *Roderick R. Combs, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODERICK R. COMBS, JR. **3/6/04** **(407) 351-2209**
Date Daytime Phone #