2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021492

Title:

Name: Address:

City-St-Zip:

Entity Name: LAKESHORE GROUP, INC.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1416 WEST LAKESHORE DRIVE CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 1416 WEST LAKESHORE DRIVE CLERMONT, FL 34711 FEI Number: 59-3565218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOKAISEL, GARY A 1416 WEST LAKESHORE DRIVE CLERMONT, FL 34711 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSDC () Delete () Change () Addition Name: KOKAISEL, GARY A Name: 1416 WEST LAKESHORE DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KOKAISEL, MARGARET A Name: 1416 WEST LAKESHORE DRIVE Address: Address: CLERMONT, FL 34711 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CARRASQUILLO, WILLIAM L Name: Name: 1380 W LAKESHORE DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34711 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET KOKAISEL DT 07/01/2004

() Delete

CARRASQUILLO, PATTI

CLERMONT, FL 34711

1380 W LAKESHORE DRIVE

() Change () Addition