


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90229 024 ***150.00

DOCUMENT # P99000039464			
1. Entity Name LAKE POOL & TILE, INC.			
Principal Place of Business 206 BENTBOUGH DRIVE LEESBURG FL 34748		Mailing Address 206 BENTBOUGH DRIVE LEESBURG FL 34748	
2. Principal Place of Business 35910 Unity Dr		3. Mailing Address 35910 Unity Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fruitland Park, FL		City & State Fruitland Park, FL	
Zip 34731	Country USA	Zip 34731	Country USA
6. Name and Address of Current Registered Agent WINE, GENE EDWARD 206 BENTBOUGH DRIVE LEESBURG FL 34748		4. FEI Number 59-3571304 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: <u>Gene Wine</u> 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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WINE, GENE EDWARD 206 BENTBOUGH DRIVE LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WINE, INGRID 206 BENTBOUGH DRIVE LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Gene Wine</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #



MOORE CR2E034 (11/03)