


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000077405	
1. Entity Name LAKE KEHOE PRESERVE DEVELOPERS, INC.	

Principal Place of Business 1017 E. SOUTH STREET ORLANDO, FL 32801	Mailing Address 1017 E. SOUTH STREET ORLANDO, FL 32801
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06082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3600648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HILL, CAREY L 390 N. ORANGE AVENUE SUITE 2180 ORLANDO, FL 32801

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 re-registering) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 3, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP CASEY, DENNIS J 360 E. TROTTERS DRIVE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST BOLEN, JAMES L 2 ISLE OF SICILY WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP HILL, CAREY L 1921 HOFFNER AVENUE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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:  **6/8/04 407 8955378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #