2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 08:00 AM Secretary of State

	7.144074	1741 0171		Secretary of State
1. Entity Name	MENT # S37288 R. LAKEL, P.A.	• A P Security		Secretary of State
Principal Place	of Business	Mailing Address		1 • • • • • • • • • • • • • • • • • • •
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715 SWANN A	AVENUE	715 SWANN AVENUE		
TAMPA, FL 3		TAMPA, FL 33606		
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				4. FEI Number Applied For S9-2266905 Not Applicable
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		<u>, ,</u>	- - M	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current R	egistered Agent		
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715 SWANN AVENUE			1	DO NOT WRITE
TAMPA, FL 33606				IN THIS SPACE
				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 reginate when reinstating)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND D	IRECTORS		
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	LAKEL, FRANCIS R.	•		
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12. I hereby co	ertify that the information supplied with the	nis filing does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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.				
changed, or on an attachment with an andress, with all other fixe emocurered.				

ONING OFFICER OR DIRECTOR