


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S43176
1. Entity Name
LAKE OKLAWAHA R.V. RESORT, INC.



Principal Place of Business Mailing Address
P.O. BOX 2010 P.O. BOX 2010
FT. MCCOY, FL 32134 FT. MCCOY, FL 32134

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3060102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUNDEANE, JACQUELINE
16970 N.E. 243RD ST. RD.
P. O. BOX 60
FT. MCCOY, FL 32134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LAUNDEANE, EDDIE 16970 NE 243RD ST. RD. FT. MCCOY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAUNDEANE, JACQUELINE 16970 NE 243RD ST. RD. FT. MCCOY, FL
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04/08/04-80026-025 150.00

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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: Jacqueline Laundean Date: 4/5/04 Daytona Phone #: 352-546-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR