## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE  1. To Summer and Address of Current Registered Agent  DO NOT WRITE IN THIS SPACE  1. Set fill are of Salus Dearled  1. This subcon remote deally whethis his standard for the purpose of charging he registered diffus or registered agent, or both, in the State of Portice. I am lamiliar with, and accept intending allowed agent.  1. Set fill are of Salus Dearled  1. This subcon remote deally whethis his standard portice in Feet subconding or registered agent, or both, in the State of Portice. I am lamiliar with, and accept intending or registered agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent, or both, in the State of Portice. I am lamiliar with, and accept intending agent or both, in the State of Portice. I am lamiliar with, and accept intending agent of Portice. I am lamiliar with, and accept intending agent or both, in the State of Portice. I am lamiliar with, and accept intending agent or both, in the State of Portice. I am lamiliar with, and accept intending agent or both, in the State of Portice. I am lamiliar with, and accept intending agent or both, in the State of Portice. I am lamiliar with, and accept intending agent or both, in the State of Portice. I am lamiliar with a state of Portice.	DOCUI  1. Entity Nam LAKE JRI  Principal Place 2247 N. CITF LEESBURG, F	B, INC. e of Business RUS BLVD.	Mailing Address 2247 N. CITRUS BLVD. LEESBURG, FL 34748 US			Secretary of State	
BURNS, JOHN R., JR. 2247 N CITRUS BLVD  THE ROWIII FEE IS \$150.00  After May 1, 2004 Fee will be districted agent of the factor of the purpose of changing its registered agent, or both, in the State of Fiorica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  THE PURPOSE OF THE STAND OFFICERS AND DIRECTORS  THE BURNS, JOHN R., JR.  JUDDOOG 135048  BURNS, FANNE BUR				CE	01092004 4. FEI Numb 59-313	No Chg-P CR2E034 (10/03)  er Applied For Not Applicable  pot Status Desired S8.75 Additional	
the obligations of registered agent.  SIGNATURE    Survairs speed a content same of registered agent and tills if agriculate. (NOTE Registered Agent styrature required when remaining).   PURE   PO	BURNS, JOHN R., JR. 2247 N CITRUS BLVD.			IN THIS SPACE			
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  10. DPD  NAME BURNS, JOHN R., JR. 2247 N. CITRUS BLVD., #7  LEESBURG, FL.  10. DD0000136048  10. 10. 150.00  10. STD  BURNS, FANNIE M. 51861 ADDESS  CITY-ST-2P  10. DO NOT WRITE IN THIS SPACE  10. STP.  10. DO NOT WRITE IN THIS SPACE  10. STP.  10. 10. ST	the obligations of registered agent.  Signature. typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating).  DATE  DESCRIPTION OF TRANSPORT OF TRANSPORT						
THE MAKE STREET ADDRESS CITY-ST-2P  TITE NAME SIREET ADDRESS CITY-ST-2P  TITE NAME SI	After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
NAME STREET ADDRESS CITY-ST-ZIP  IN THIS SPACE  IN	THEE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	PD BURNS, JOHN R., JR. 2247 N. CITRUS BLVD., #7 LEESBURG, FL STD BURNS, FANNIE M. 2247 N. CITRUS BLVD., #7				1)00000136048 04/28/04-80080-010 150.00	
STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  ITLE NAME STREET ADDRESS CITY-ST-ZIP  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.  **TAMILIEM**  **TA	NAME STREET ADDRESS CITY-ST-ZIP						
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