


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90298 039 ***150.00

DOCUMENT # V66598 1. Entity Name LOST LAKE RESTAURANT, INC.					
Principal Place of Business 8310 SE FAZIO DR. HOBE SOUND, FL 33455 US			Mailing Address 8300 SE FAZIO DR. HOBE SOUND, FL 33455		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0360572	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARINA, ARMANDO 7250 SE FEDERAL HWY. HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D <input type="checkbox"/> Delete FARINA, ARMANDO 7250 SE FEDERAL HWY. HOBE SOUND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Armando Farina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/16/04</u> Daytime Phone # <u>772-220-3515</u>		

Armando Farina

Attachment



THE GOLF CLUB AT

April 16, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Change of Address Lost Lake Restaurant, Inc. FEI 65-0360572

Please change the following addresses as listed below:

Principal Place of Business

8310 SE Fazio Drive
Hobe Sound, FL 33455 US

Change to:

8300 SE Fazio Drive
Hobe Sound, FL 33455 US

Name and Address of Current Registered Agent

FARINA, ARMANDO
7250 SE FEDERAL HWY
HOBE SOUND, FL 33455

Officers and Directors


FARINA, ARMANDO
7250 SE FEDERAL HWY
HOBE SOUND, FL

Change to:

FARINA, ARMANDO
8300 SE FAZIO DRIVE
HOBE SOUND, FL 33455

Thank you for taking care of this matter.

Sincerely


Armando Farina

OFFICE: 8340 S.E. Fazio Drive, Hobe Sound, FL 33455 • (772) 220-9717 • Fax (772) 220-9713

PRO SHOP: 8300 S.E. Fazio Drive, Hobe Sound, FL 33455 • (772) 220-6666 • (772) 746-5277

RESTAURANT: 8300 S.E. Fazio Drive, Hobe Sound, FL 33455 • (772) 220-3515 • Fax (772) 220-3194