


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90014 046 ***150.00

DOCUMENT # M71293 1. Entity Name PAK. TEK., INC. OF LAKELAND	
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Principal Place of Business 1349 W. OLIVE ST. LAKELAND, FL 33801-4393	Mailing Address 1349 W. OLIVE ST. LAKELAND, FL 33801-4393
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 24357 Suite, Apt. #, etc.
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01232004 Chg-P CR2E034 (10/03)

City & State LAKELAND FL	4. FEI Number 59-2874817	Applied For <input type="checkbox"/> Not Applicable
Zip 338024357	Country POLK	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILKEY, CARL
160 S. PENNSYLVANIA AVE.
LAKE ALFRED, FL 33850

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$530.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKEY, CARL 160 S. PENNSYLVANIA AVE. LAKE ALFRED, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ODOM, OWEN 6111 YATES RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKEY, CARL PO BOX 155 LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Wilkey **CARL WILKEY** 1/23/04 863-682-0674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #