

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90196 049 \*\*\*150.00

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<b>DOCUMENT # M71293</b>					
1. Entity Name PAK. TEK., INC. OF LAKELAND					
Principal Place of Business 1349 W. OLIVE ST. LAKELAND, FL 33815			Mailing Address PO BOX 24357 LAKELAND, FL 33802		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2874817	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILKEY, CARL 160 S. PENNSYLVANNIA AVE. LAKE ALFRED, FL 33850			Name <b>CARL WILKEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1349 W. OLIVE ST</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33815</b>		
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: <i>Carl Wilkey</i>		CARL WILKEY		PRESIDENT	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE: 1/6/06	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILKEY, CARL		NAME		
STREET ADDRESS	PO BOX 155		STREET ADDRESS		
CITY-ST-ZIP	LAKE ALFRED, FL 33850		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ODOM, OWEN		NAME		
STREET ADDRESS	6111 YATES RD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Carl Wilkey</i>		CARL WILKEY		PRES	
Signature and typed or printed name of signing officer or director				Date: 1/6/06	
				Daytime Phone #: 863-682-0674	