

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000030716

1. Entity Name  
LACKAWANNA PROPERTIES, INC.



Principal Place of Business  
12777 MUIRFIELD BLVD S  
JACKSONVILLE, FL 32225

Mailing Address  
12777 MUIRFIELD BLVD S  
JACKSONVILLE, FL 32225



02062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0405732</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FURTICK, BEVERLY H  
1 INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME GOODBREAD, MICHAEL E  
STREET ADDRESS 12777 MUIRFIELD BLVD S  
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE D  
NAME GOODBREAD, PATRICK S  
STREET ADDRESS 243 COUNTY RD 13 S  
CITY - ST - ZIP SAINT AUGUSTINE, FL 32092

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

100000221822  
02/09/05-80049-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael E. Goodbread, Michael E. Goodbread*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/05  
Date

904.360.1350  
Daytime Phone #