

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 003 ***158.75

DOCUMENT # P96000013687

1. Entity Name

LAKE WALES BUILDING TRADES CENTER, INC.



Principal Place of Business

107 W. ORANGE AVENUE
 LAKE WALES FL 33853

Mailing Address

107 W. ORANGE AVENUE
 LAKE WALES FL 33853

40000013



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-3360334**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCOLLOUGH, BOBBY G
 5154 VALENCIA ST.
 LAKE WALES FL 33898

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

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	MCCOLLOUGH, BOBBY G	5154 VALENCIA ST.	LAKE WALES FL 33898	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	BOWEN, BETTY	2437 FOREST DR.	LAKE WALES FL 33898	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	MCCOLLOUGH, THERAS C	5154 VALENCIA ST.	LAKE WALES FL 33898	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	KARG, PAUL	218 BABSON DRIVE	BABSON PARK FL 32857	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bobby G. McCollough
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06
 Date

863-676-2221
 Daytime Phone #

ATTACHMENT

40055574

~~#P9600013687~~

↑
Please correct Spelling:

should be:

"Theresa"

Thank you!