2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 124923

LAKELAND ANIMAL NUTRITION, INC.

Principal Place of Business -502 LAKE MIRROR DR

P D BOX 24868 LÄKELAND, FL 33802-1868 Mailing Address

502 LAKE MIRROR DR P 0 BOX 24868

LAKELAND, FL 33802-1868

FILED Jan 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01072005 No Chg-P

Applied For 4. FEI Number 59-0324435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

JACKSON, W. L. III 1396 JEFFERSON DRIVE LAKELAND, FL 33803

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		Election Campalgn Financia Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, W. L. III 1396 JEFFERSON DR. LAKELAND, FL				U000 <u>0</u> 0183494	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					01/19/05-80069-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 and leading the same legal affect as if made under certify that I am an officer or director.						

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.