2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

DOCUMENT # 259118 1. Entity Name LAKE WALES PROFESSIONAL BUILDING INC.							01-17-2006	5 90247 C)18 ***1.	50.00
INC INC 230 EAST TILLMAN AVE 23			Mailing Address INC 230 EAST TILLMAN AVE LAKE WALES, FL 33853				E TINO INIDE STORE ITORE ITOR		110% 111 11 112	03 11 03
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01072006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State		4. FEI Number Applied For 59-0999621 Not Applicable					
Zip	Country		Zip Count		try	5. Certificate of Status Desired See Required				
<u> </u>	6. Name and Address	7. Name and Address of New Registered Agent Name								
INGLEY, ROGER A. 230 E. TILLMAN AVE. LAKE WALES, FL 33859-7990					Street Address (P.O. Box Number is Not Acceptable)					
, 1										
The above named entity submits this statement for the purpose of changing its register					City			FL	Zip Cod	
the obligat	ions of registered agent.						th, in the State of Flo		miliar with,	and accept
	Signature, typed or printed name ot/re	gistered agent and title	if applicable. (NOT	E Registere	d Agent signature required	when reinstating)		DATE		
	E NOW!!! FEE IS \$15 ay 1, 2006 Fee will b		9. Efection Campa Trust Fund Cont			.00 May Be ed to Fees				
10. TITLE				11.	. 1	ADDITIONS/	CHANGES TO OFF		DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	INGLEY, ROGER A 230 É TILLMAN AVE LAKE WALES, FL 00	0000,	LJ Dørete	NAM! STRE					change	ADURIUM
TITLE NAME STREET ADDRESS					E Et adoress		_		☐ Change	Addition
CITY-ST-ZIP	LAKE WALES, FL 338	SI-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		Į.				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-TP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Delete	TITLE NAMI STRE			,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE					Change	☐ Addition
indicated of the cor	certify that the information su on this report or supplement poration or the receiver or to or on an attachment with a	ital report is true a ustee empowere	and accurate and that i d to execute this report	my signat Las requir	ure shall have the :	same legal effec	t as if made under c	eth: that I an	n an officer	or director