

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334994

FILED  
May 13, 2009  
Secretary of State

Entity Name: LAKELAND RUBBER STAMP CO

## Current Principal Place of Business:

721 EAST PALMETTO STREET  
LAKELAND, FL 33801

## New Principal Place of Business:

## Current Mailing Address:

721 EAST PALMETTO STREET  
LAKELAND, FL 33801

## New Mailing Address:

FEI Number: 59-1232875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRONSON, JAMES C.  
721 E PALMETTO ST  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRONSON, JAMES C  
Address: 407 PUEBLO TRAIL  
City-St-Zip: LAKELAND, FL

Title: VS ( ) Delete  
Name: HOOD, THOMAS  
Address: 810 S BLVD  
City-St-Zip: LAKELAND, FL

Title: D ( ) Delete  
Name: HOOD, THOMAS  
Address: 810 S BLVD  
City-St-Zip: LAKELAND, FL

Title: PT ( ) Delete  
Name: BRONSON JAMES C  
Address: 407 PUEBLO TRAIL  
City-St-Zip: LAKELAND FL,

Title: D ( ) Delete  
Name: BRONSON, DOUGLAS  
Address: 1240 STRATON COURT W.  
City-St-Zip: LAKELAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BRONSON, DOUGLAS  
Address: 1240 STRATTON COURT W.  
City-St-Zip: LAKELAND, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM HOOD

VP

05/13/2009

Electronic Signature of Signing Officer or Director

Date