

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 364557

1. Entity Name
LAKERIDGE RANCH COMPANY



Principal Place of Business
6700 S. FLORIDA AVE.
SUITE 1
LAKELAND FLA, FL 33813 US

Mailing Address
P O BOX 7220
LAKELAND, FL 33807 US

FILED
Apr 25, 2005 08:00 AM
Secretary of State



02152005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1292691 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNES, L BAYLIS III
6700 S. FLORIDA AVE.
STE. #1
LAKELAND, FL 33813

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CARNES, GARY W.
6700 S FLORIDA AVE, STE 1
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ELLSWORTH, SUZANNE M.
6700 S. FLORIDA AVENUE #1
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/25/05-80112-005 150.00

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12. I hereby 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne M. Ellsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE M. ELLSWORTH

4/21/05 8/3-647-57
Date Daytime Phone #