

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 381929

FILED
Feb 27, 2006
Secretary of State

Entity Name: LAKE CITY SERVICE CENTER, INC.

Current Principal Place of Business:

PO BOX 1534
2700 W US HWY 90
LAKE CITY, FL 320561534 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1534
2700 W US HWY 90
LAKE CITY, FL 320561534 US

New Mailing Address:

FEI Number: 59-1350449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEY, WILLIAM
10 N. COLUMBIA ST
LAKE CITY, FL 32055 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: VD () Delete
Name: JOHNSON, DAVID LEE., JR.
Address: 673 NW LAKE LONA LOOP
City-St-Zip: LAKE CITY, FL 32024 US

Title: PD () Delete
Name: BURKE, JAMES W.,
Address: 17811 229TH DR
City-St-Zip: LIVE OAK, FL 320605200 US

Title: D () Delete
Name: JOHNSON, MARY G.,
Address: 200 SW INWOOD CT
City-St-Zip: LAKE CITY, FL 32025 US

Title: STD () Delete
Name: BURKE, JEANNE M.,
Address: 17811 229TH DR
City-St-Zip: LIVE OAK, FL 320605200 US

Title: D () Delete
Name: JOHNSON, DAVID L MR
Address: 200 SW INWOOD CT
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JOHNSON, JR, DAVID L MR
Address: 673 NW LAKE LONA LOOP
City-St-Zip: LAKE CITY, FL 32024 US

Title: PD (X) Change () Addition
Name: BURKE, JAMES W MR
Address: 17811 229TH DR
City-St-Zip: LIVE OAK, FL 320605200 US

Title: D (X) Change () Addition
Name: JOHNSON, MARY G MRS
Address: 200 SW INWOOD CT
City-St-Zip: LAKE CITY, FL 32025 US

Title: STD (X) Change () Addition
Name: BURKE, JEANNE M MRS
Address: 17811 229TH DR
City-St-Zip: LIVE OAK, FL 320605200 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W BURKE

PRES

02/27/2006

Electronic Signature of Signing Officer or Director

_____ Date