

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90010 004 ***150.00

DOCUMENT # 486814

1. Entity Name

LAKELAND FARMER'S MARKET, INC.



Principal Place of Business
2701 SWINDELL ROAD
LAKELAND FL 33805

Mailing Address
550 HOWARD AVE.
LAKELAND FL 33815
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-1623428**

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAHN, JAMES
1701 S. FLORIDA AVENUE
LAKELAND FL ~~33802~~
33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, ANN	
STREET ADDRESS	659 HOWARD AVE	
CITY- ST- ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, WARD	
STREET ADDRESS	659 HOWARD AVE	
CITY- ST- ZIP	LAKELAND FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILBANKS, JAMES L JR	
STREET ADDRESS	550 HOWARD AVE	
CITY- ST- ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WLIBANKS, KIMBERLY	
STREET ADDRESS	550 HOWARD AVE	
CITY- ST- ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ANN	
STREET ADDRESS	659 HOWARD AVE.	
CITY- ST- ZIP	LAKELAND, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L. Wilbanks, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

JAMES L. WILBANKS, JR.

1/24/07 (863) 682-4809
DATE DAYTIME PHONE #