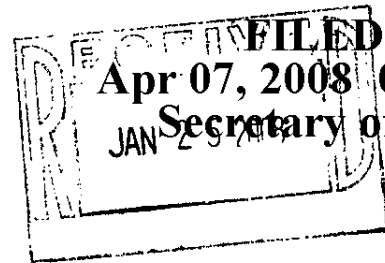


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 545692

1. Entity Name

LAKELAND LAND COMPANY



Principal Place of Business

2000 E EDGEWOOD DR
SUTIE 214
LAKELAND FL 33803
US

Mailing Address

2000 E. EDGEWOOD DR.
214
LAKELAND FL 33803
US

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0085104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKEEL, S. DOUGLAS
2421 CAMBRIDGE AVENUE
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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's signature required when terminating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE	D	☐ Delete
NAME	MCKEEL, S. DOUGLAS	
STREET ADDRESS	2000 E EDGEWOOD DR #214	
CITY-ST-ZIP	LAKELAND FL	
TITLE	P	☐ Delete
NAME	MCKEEL, S. DOUGLAS	
STREET ADDRESS	2000 E EDGEWOOD DR #214	
CITY-ST-ZIP	LAKELAND FL	
TITLE	AST	☐ Delete
NAME	MCKEEL, S DOUGLAS	
STREET ADDRESS	2000 E EDGEWOOD DR #214	
CITY-ST-ZIP	LAKELAND,FL 00000	
TITLE	V	☐ Delete
NAME	MCKEEL, SETH D JR	
STREET ADDRESS	2000 E EDGEWOOD DR #214	
CITY-ST-ZIP	LAKELAND FL 33803-3648	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/16/08-80075-002 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Department #

04/03/08