2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720249

TRUSSELL, TIFFANY

173 WHITE CLIFF BLVD

AUBURNDALE, FL 33823

Name:

Address:

City-St-Zip:

Entity Name: GIRLS INCORPORATED OF LAKELAND, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1220 W. HIGHLAND ST. P.O. BOX 1975 LAKELAND, FL 338021975 **Current Mailing Address: New Mailing Address:** 1220 W. HIGHLAND ST. P. O. BOX 1975 LAKELAND, FL 338021975 P.O. BOX 1975 LAKELAND, FL 338021975 FEI Number: 23-7101551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS-FIELDS, KAY 1015 WEST 13TH STREET LAKELAND, FL 33805 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ADAMS, MICHAEL Name: Name: Address: 4335 SHADOW WOOD WAY Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GOLENO, TERRI Name: Address: 1921 DEL CREST PLACE Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: VD. (X) Change () Addition ARRINGTON, THERESE Name: AIRTH, ADAM Name: 2626 ELIZABETH PLACE Address: Address: 2414 ROLSYN LANE City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 () Delete Title: SD Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL ADAMS PD 05/01/2004