


# 2006 ~~NON-PROFIT~~ FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90002 002 \*\*\*\*61.25

1. Entity Name <b>HISTORIC LAKELAND</b>		
Principal Place of Business <b>P O BOX 3347 LAKELAND FL 33802</b>	Mailing Address <b>P O BOX 3347 LAKELAND FL 33802</b>	



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1997389</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MALLESS, JAMES 845 MISSISSIPPI AVE LAKELAND FL 33807</b>		7. Name and Address of New Registered Agent Name <b>Todd B. Christian</b> Street Address (P.O. Box Number is Not Acceptable) <b>3015 Buckingham Ave</b> City <b>Lakeland</b> FL Zip Code <b>33803</b>

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 Todd B. Christian DATE 16 May 06  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MALLESS, JIM 845 MISSISSIPPI AVE LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT TODD, CHRISTIAN 3015 BUCKINGHAM AVE LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CHUCHWELL, DUKE 723 SUCCESS LAKELAND FL 33801</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HOLTEN, WILLIAM FSC 111 LAKE HARRISWORTH DR LAKELAND FL 33807</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Todd B. Christian 17 April 06 863-287-0212

ATTACHMENT  
HISTORIC LAKE LAND, INC.  
P.O. BOX 3347/LAKELAND, FL 33802

19 June 2006

40696499  
#748059

To Whom It May Concern:

We have not received prior notice.

If I can answer any questions please call. 863-287-0212

Thank you,

*Todd B. Christian*

Todd B. Christian  
President

