


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 032 ****61.25

DOCUMENT # 769175	
1. Entity Name LAKE ANNE/PARKER ENVIRONMENTAL CONTROL CORP.	


Principal Place of Business 2507 HOLLIS DRIVE TAMPA, FL 33618	Mailing Address 2507 HOLLIS DRIVE TAMPA, FL 33618
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2. Principal Place of Business - No P.O. Box # 14236 PELHAM LANE	3. Mailing Address 14236 PELHAM LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ODESSA, FL.	City & State ODESSA, FL
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Zip 33556	Country U.S.A.	Zip 33556	Country U.S.A.
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6. Name and Address of Current Registered Agent	
RODRIGUEZ, MARY J 2507 HOLLIS DR TAMPA, FL 33618	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

Barcode: 

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2368196	Applied For Not Applicable
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST RODRIGUEZ, CHARLES F 15918 DOVER CLIFF DR LUTZ, FL 33548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST WILSON, DARLENE L 14236 PELHAM LANE ODESSA, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, CHARLES F JR 2507 HOLLIS DR TAMPA, FL 33618 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, BEN 1207 CHESAPEAKE DR ODESSA, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, BEN 1207 CHESAPEAKE DR. ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MARY J 2507 HOLLIS DR TAMPA, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILSON, DARLENE L 14236 PELHAM LN ODESSA, FL 33556 <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	MGR RODRIGUEZ, MARY J 2507 HOLLIS DRIVE TAMPA, FL 33618 <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 Chapter 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: Mary J. Rodriguez MARY J. RODRIGUEZ 1/11/08 813-961-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #