

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	
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	
Zip 33556		Zip 33556	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-2368196		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 RODRIGUEZ, MARY J 2507 HOLLIS DR TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <div style="display: inline-block; vertical-align: top;"> \$5.00 May Be Added to Fees </div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: small;"> Make check payable to Florida Department of State </div>	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST WILSON, DARLENE L 14236 PELHAM LANE ODESSA, FL 33556
<input checked="" type="checkbox"/> Delete		<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILSON, BEN VPD 1207 CHESAPEAKE DR ODESSA, FL 33556
<input checked="" type="checkbox"/> Delete		<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MARY J 2507 HOLLIS DR TAMPA, FL 33618
<input type="checkbox"/> Delete		<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: <u>Mary J. Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>MARY J. RODRIGUEZ 1/11/08 813 961-2535</u> <small>Date Daytime Phone #</small>	