

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005278

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** LAKELAND FUNDING SERVICES, INC.

**Current Principal Place of Business:**

6551 SOUTH MAIN STREET  
NORTH KINGSVILLE, OH 44068

**New Principal Place of Business:**

567 E. TURKEYFOOT LAKE ROAD  
AKRON, OH 44319

**Current Mailing Address:**

P.O. BOX 285  
NORTH KINGSVILLE, OH 44068

**New Mailing Address:**

29 GOLF VIEW DRIVE  
ENGLEWOOD, FL 34223

FEI Number: 75-3016124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, CRAIG R  
29 GOLF VIEW DRIVE  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: JOHNSON, CRAIG R  
Address: 6551 SOUTH MAIN STREET  
City-St-Zip: NORTH KINGSVILLE, OH 44068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD (X) Change ( ) Addition  
Name: JOHNSON, CRAIG R  
Address: 567 E TURKEYFOOT LAKE ROAD  
City-St-Zip: AKRON, OH 44319

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG R JOHNSON

PRES

04/27/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date