2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006091

Title:

Name:

Address:

City-St-Zip:

VPAS

() Delete

445 BROAD HOLLOW ROAD, STE 239

FRIDLINGTON, JOHN L

MELVILLE, NY 11747

Entity Name: MK LAKELAND FINANCE COMPANY, INC

FILED Jan 03, 2008 Secretary of State

	III WINCE AND	ENTER THE STATE OF			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
445 ROAD HOLLOW ROAD, STE. 239 MELVILLE, NY 11747			SUITE 120	68 SOUTH SERVICE ROAD SUITE 120 MELVILLE, NY 11747	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
445 ROAD HOLLOW ROAD, STE. 239 MELVILLE, NY 11747			68 SOUTH SERVICE ROAD SUITE 120 MELVILLE, NY 11747		
FEI Number	: 06-1663137	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
515 EAST TALLAHA The above	PARK AVENU SSEE, FL 3230	01 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RF.				
0,0,1,7,7		ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DPT () BILOTTA, FRAN 114 WEST 47TI NEW YORK, N	H ST, STE 2310	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANGELO, BERN	LOW ROAD, STE. 239	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BURNS, KEVIN	LLOW ROAD, SUITE 239	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEMILT, JOHN	H STREET, STE 1715	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BERNARD J. ANGELO VP 01/03/2008

() Change () Addition