

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003225

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: LAKELAND CITY CENTER, INC.

## Current Principal Place of Business:

500 WATER STREET  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

500 WATER STREET  
C160  
JACKSONVILLE, FL 32202 US

## Current Mailing Address:

500 WATER STREET  
C160  
JACKSONVILLE, FL 32202

## New Mailing Address:

500 WATER STREET  
C160  
JACKSONVILLE, FL 32202 US

FEI Number: 54-1576643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DP ( ) Delete  
Name: CROSBY, STEPHEN A  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVP ( ) Delete  
Name: BOOR, DAVID A  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVPS ( ) Delete  
Name: BONGIOVANNI, KIM R  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete  
Name: ELIASSON, FREDRIK J  
Address: 500 WATER STREET  
City-St-Zip: JACKSONVILLE, FL 32202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: KIM R. BONGIOVANNI

DVPS

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date