

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003225

FILED  
Jan 22, 2010  
Secretary of State

Entity Name: LAKELAND CITY CENTER, INC.

**Current Principal Place of Business:**

500 WATER STREET  
C160  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

500 WATER STREET  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

500 WATER STREET  
C160  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

500 WATER STREET  
C-160  
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  
Name: CROSBY, STEPHEN A  
Address: 301 W. BAY STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIM R. BONGIOVANNI

DVPS

01/22/2010

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

\_\_\_\_\_ Date