

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003225

FILED
Apr 19, 2011
Secretary of State

Entity Name: LAKELAND CITY CENTER, INC.

Current Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
C-160
JACKSONVILLE, FL 32202 US

New Mailing Address:

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

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 BONGIOVANNI

DVPS

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date