2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90258 045 ***150.00

DOCUMENT # G12818

1. Entity Name
LAKELAND EXECUTIVE HANGERS, INC.

Principal Place of Business	Mailing Address
3905 AERO PLACE 7 LAKELAND, FL 33811	3905 AERO PLACE 7 LAKELAND, FL 33811

04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	c/o RANDY BALLARD
Suite, Apt. #, etc. SUITE # 7	Suite, Apt. #, etc. 4807 VALLEY STATION RD.
City & State	City & State LOUISVILLE, KY
Zip / Country	Zip 40272 / Country JEFFERSON

4. FEI Number 59-2832277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VERNON, PHILLIP
1330 COSTINE DRIVE
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CIAVARDONE, CAROLE J. 4807 VALLEY STATION RD LOUISVILLE, KY 40272	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALLARD, RANDALL J. 4807 VALLEY STATION RD LOUISVILLE, KY 40272	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VERNON, PHILLIP E 1330 COSTINE DR LAKELAND, FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randall J. Ballard RANDALL J. BALLARD 4/6/04 502/727-0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #