


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # H33963 1. Entity Name LAKE CONSTRUCTION OF LAKELAND, INC.	
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Principal Place of Business 500 S FLORIDA AVE. 700 LAKELAND, FL 33801 US	Mailing Address P.O. BOX 5252 LAKELAND, FL 32807 US
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2615352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**McFARLANE, PETER A., PA
500 S FLORIDA AVE.
#715
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAXWELL, LAWRENCE W. 500 S FLORIDA AVE. #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOATS, RAYMOND 500 S FLORIDA AVE. #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KELLEY, KIM 500 S FLORIDA AVE. #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ANTLE, SALLY 500 S FLORIDA AVE. #700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/04/05-80035-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kim S Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/28/05 863-647-1581
Date Daytime Phone #

Kim S Kelley