## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # L01290** 03-03-2005 90168 007 \*\*\*158.75 1. Entity Name LAKEWOOD RANCH CORPORATE PARK, INC. Principal Place of Business Mailing Address **220043344 6215 LORRAINE ROAD 6215 LORRAINE ROAD** BRADENTON, FL 34202 BRADENTON, FL 34202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0247024 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. CHIOFALO ANTHONY J. Street Address (P.O. Box Number is Not Acceptable) 6215 LORRAINE RD BRADENTON, FL 34202 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be - FILE NOW!!!-FEE IS \$150.00 -----Trust Fund Contribution. Added to Fees →After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. 11. TITLE Delete TITLE Change ☐ Addition CLARKE, JOHN NAME NAME STREET ADDRESS 6215 LORRAINE RD. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-7/P ☐ Delete ☐ Change Addition CHIOFALO, ANTHONY NAME NAME **6215 LORRAINE ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY - ST - ZIP - Delete -☐ Addition JENSEN, REX NAME NAME STREET ADDRESS **6215 LORRAINE ROAD** STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MARTIN, TIM NAME NAME 6215 LORRAINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP PUKRYWA, TODO 6215. Lullone RI Bradator FL 3420 TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an adjusts, with all adjusts, and the rempowered.

FILED Mar 03, 2005 8:00 am