


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90004 010 ***150.00

DOCUMENT # L32433 1. Entity Name SOUTH LAKELAND INDUSTRIAL PARK, INC.	
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Principal Place of Business 210 NEPTUNE RD. AUBURNDALE, FL 33823	Mailing Address C/O STEVEN T. MOORE 455 COMMERCE DRIVE - P.O. BOX 6558 LAKELAND, FL 33807-6558
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2981470	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEVEN T. MOORE 210 NEPTUNE RD. AUBURNDALE, FL 33823	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, STEVEN T. S 5105 HIGHLANDS BY THE LAKE LOOP LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, THOMAS W 2025 SYLVESTER RD., C-2 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, STEVEN T. 5105 HIGHLANDS LAKEVIEW LOOP LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/8/05 <small>Date</small>	863 967-1131 <small>Daytime Phone #</small>
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