2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 08:00 AM Secretary of State DOCUMENT # N02000004551 LAKELAND FREEDOM FIGHTERS, INC. Principal Place of Business Mailing Address 223 N. FLORIDA AVENUE 223 N. FLORIDA AVENUE LAKELAND, FL 33801 LAKELAND, FL 33801 01222004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3071924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANSLER, KARL F DO NOT WRITE 223 N. FLORIDA AVENUE LAKELAND, FL 33801 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TILLE NAME PANSLER, KARL F STREET ADDRESS 223 N. FLORIDA AVENUE LAKELAND, FL 33801 CRY-ST-ZIP U00000023045 U2/02/04-80010-009 61.25 3313 F KAME PANSLER, HEATHER A STREET ADDRESS 223 N. FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33801 TITLE Ð NAME HERRINGSHAW, CHRISTINA L STREET ADDRESS 223 N. FLORIDA AVENUE DO NOT WRITE CITY-ST-ZIP LAKELAND, FL 33801 m.E IN THIS SPACE MARK STREET ADDRESS CSY-ST-ZIP TITLE MANE

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 617, 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.

american Marile // /

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED MAJE OF SIGNING OFFICER OR DIRECTOR

1/28/04

863-647-5050

Dayima Phone #

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