


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90024 029 \*\*\*\*61.25

<b>DOCUMENT # N03000003958</b> 1. Entity Name <b>LAKELAND BULLDOGS, INC.</b>					
Principal Place of Business <b>812 WHITESTONE CT LAKELAND, FL 33803</b>			Mailing Address <b>812 WHITESTONE CT LAKELAND, FL 33803</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CROSBY, BETH S 812 WHITESTONE CT LAKELAND, FL 33803</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P CROSBY, BRIAN T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSBY, BRIAN T		NAME		
STREET ADDRESS	812 WHITESTONE CT		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND, FL 33803		CITY- ST- ZIP		
TITLE	V FRANTZIS, PETER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANTZIS, PETER		NAME		
STREET ADDRESS	4504 NUNNSWOOD LN		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND, FL 33813		CITY- ST- ZIP		
TITLE	S CROSBY, BETH S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSBY, BETH S		NAME		
STREET ADDRESS	812 WHITESTONE CT		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND, FL 33803		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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.					
<b>SIGNATURE: Beth Crosby</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-25-04 863-769-8028</b> <small>Date Daytime Phone #</small>		

66400001



02252004 Chg-NP CR2E037 (10/03)

4. FEI Number **47-0918517** Applied For ☐ Not Applicable ☐

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