


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90462 031 \*\*\*\*61.25

**DOCUMENT # N03000005053**

1. Entity Name  
**CERT OF LAKELAND, INC.**



Principal Place of Business  
**219 N MASS AVE  
 LAKELAND, FL 33801**

Mailing Address  
**219 N MASS AVE  
 LAKELAND, FL 33801**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**04-3763035**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LAND, ROGER D  
 1048 RUBY ST  
 LAKELAND, FL 33815**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BLEILER, CARL	
STREET ADDRESS	923 RUBY STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAND, ROGER D	
STREET ADDRESS	1048 RUBY STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAFOND, JANET E	
STREET ADDRESS	710 W. PATTERSON ST	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEARNOW, DICK	
STREET ADDRESS	1725 PETERSBURG	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZDANOWICZ, DAVID	
STREET ADDRESS	550 OAK DRIVE WEST	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Sloan	
STREET ADDRESS	421 MARKET SQUARE EAST	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE: *David R Zdanowicz* David R Zdanowicz 4/26/07 863.688.4921**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #