

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90091 011 ****61.25

DOCUMENT # N03000009259

1. Entity Name

LAKELAND LIBERTY, INC.



Principal Place of Business

1210 BAKER DRIVE
LAKELAND FL 33810

Mailing Address

P.O. BOX 91926
LAKELAND FL 33804-1926

J4000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0270997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COWARD, GEORGE T
1915 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 D
NAME SMITH, VICTOR ☐ Delete
STREET ADDRESS 2338 GIB-GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL 33810

TITLE D
NAME PEACHES DUANE PEACHEE ☐ Delete
STREET ADDRESS P.O. BOX 91926
CITY-ST-ZIP LAKELAND FL 33804-1926

TITLE D
NAME JONES, KENNETH KENNITH ☐ Delete
STREET ADDRESS P.O. BOX 489
CITY-ST-ZIP KATHLEEN FL 33849

TITLE D
NAME GARDNER, CHARLOTTE ☐ Delete
STREET ADDRESS 6919 FOX CHASE DRIVE
CITY-ST-ZIP LAKELAND FL 33810

TITLE D
NAME COMBEE, BRIAN K ☐ Delete
STREET ADDRESS 5415 SUNSET WAY NORTH
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DUANE PEACHEE 3/19/04 863-858-2426