

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90035 001 ****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~~

2. Principal Place of Business

6205 New Tampa Hwy.

Suite, Apt. #, etc.

3. Mailing Address

6205 New Tampa Hwy.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33815

Country

USA

Zip

33815

Country

USA

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, 2005

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	<input type="checkbox"/> Delete
NAME	SMITH, VICTOR	
STREET ADDRESS	2338 GIB-GALLOWAY ROAD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEACHEE, DUANE	
STREET ADDRESS	P.O. BOX 91926	
CITY-ST-ZIP	LAKELAND FL 33804-1926	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, KENNITH	
STREET ADDRESS	P.O. BOX 489	
CITY-ST-ZIP	KATHLEEN FL 33849	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, CHARLOTTE	
STREET ADDRESS	6919 FOX CHASE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMBEE, BRIAN K	
STREET ADDRESS	5415 SUNSET WAY NORTH	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peachee, Duane	
STREET ADDRESS	6205 New Tampa Hwy	
CITY-ST-ZIP	Lakeland, FL 33815	
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		<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 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 3/14/05 863-687-2730