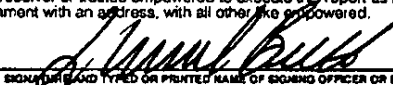


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

03-07-2005 90282 018 ****61.25

DOCUMENT # N04000000724 1. Entity Name LPALF, INC.					
Principal Place of Business 799 OVERLOOK DRIVE WINTER HAVEN, FL 33884			Mailing Address 799 OVERLOOK DRIVE WINTER HAVEN, FL 33884		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			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)					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOY, JOHN A 799 OVERLOOK DRIVE WINTER HAVEN, FL 33884	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLES TATE 799 OVERLOOK DR WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, KATHRYN 799 OVERLOOK DRIVE WINTER HAVEN, FL 33884	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONNIE MOORE 799 OVERLOOK DR WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, SAM 799 OVERLOOK DRIVE WINTER HAVEN, FL 33884	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST J. FRED BUTLER 799 OVERLOOK DR WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 3-2-05 Daytime Phone #: 863-324-1616		

3/

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01212005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-0823064** Applied For ☐ Not Applicable ☒

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