


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N04000009883 1. Entity Name LAKE REGION SPORTS OFFICIALS ASSOCIATION, INC.		
Principal Place of Business 529 LAKE CAROLYN CIRCLE LAKELAND, FL 33813	Mailing Address P.O. BOX 2504 LAKELAND, FL 33806	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BONDURANT, ROBERT G 2601 THORNHILL ROAD AUBURNDALE, FL 33823	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCOTT, JAMES 711 WEST ELEVENTH STREET LAKELAND, FL 33805	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BAIN, BRIAN J 529 LAKE CAROLYN CIRCLE LAKELAND, FL 33813	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE 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: <u>Brian J. Bain</u> / <u>Brian J. Bain</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/27/06</u> Daytime Phone # <u>863 644 8151</u>



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1235153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/13/06-80006-017 70.00