


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90062 029 \*\*\*\*61.25

<b>DOCUMENT # N11116</b> 1. Entity Name <b>LAKES EDUCATION/ACTION DRIVE, INC.</b>					
Principal Place of Business <b>2 EAST LAKE HOWARD DRIVE</b> <b>WINTER HAVEN, FL 33881 US</b>			Mailing Address <b>P O BOX 7607</b> <b>LAKELAND, FL 33807-7607 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2741774</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, JOHNNA</b> <b>2 EAST LAKE HOWARD DR.</b> <b>WINTER HAVEN, FL 33881</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIGNER, WALT PO BOX 5467 LAKELAND, FL 33807		VPD REIGNER, WALT PO BOX 5467 LAKELAND, FL 33807-5467		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENNINGS, THOMAS E. TWO EAST LAKE HOWARD DR WINTER HAVEN, FL 338813153		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MARTINEZ, JOHNNA PO BOX 7607 LAKELAND, FL 33807		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTHOSON, HOWARD R 17 ENCLAVE DRIVE WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITT, MICHAEL L. 15 TERA LANE WINTER HAVEN, FL 33880-1710		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.					
<b>SIGNATURE:</b> <i>Johnna Martinez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/25/07 863-221-5323 <small>Date Daytime Phone #</small>		