

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N11116	
1. Entity Name LAKES EDUCATION/ACTION DRIVE, INC.	



Principal Place of Business 2 EAST LAKE HOWARD DRIVE WINTER HAVEN, FL 33881 US	Mailing Address P O BOX 7607 LAKELAND, FL 33807-7607 US
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2741774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTINEZ, JOHNNA 2 EAST LAKE HOWARD DR. WINTER HAVEN, FL 33881

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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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000790462 01/23/08-80033-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REIGNER, WALT PO BOX 5467 LAKELAND, FL 33807
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	ED MARTINEZ, JOHNNA PO BOX 7607 LAKELAND, FL 33807
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	PD BRITT, MICHAEL L 15 TERA LANE WINTER HAVEN, FL 338801710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 <i>Thomas E. Jennings</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Thomas E. Jennings	01-14-08	863-294-3568
		Date	Daytime Phone #