


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N16134  
1. Entity Name  
LAKELAND INTERSTATE BUSINESS PARK  
ASSOCIATION, INC.



Principal Place of Business 14025 RIVEREDGE DRIVE SUITE 550 TAMPA, FL 33637	Mailing Address 14025 RIVEREDGE DRIVE SUITE 550 TAMPA, FL 33637
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02052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2924100	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SIMMONS, R. R III  
14025 RIVEREDGE DRIVE  
SUITE 550  
TAMPA, FL 33637

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

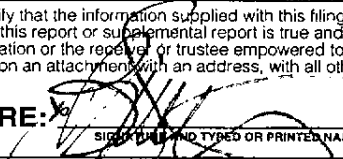
000000127456  
04/23/04-80074-024 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, R. R III 14025 RIVEREDGE DR SUITE 550 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, DARRELL L. 14025 RIVEREDGE DR SUITE 550 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZANE, ROBERT 1 CAMPBELL PL CAMDEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  **4/14/04** (813) 632-9510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #