


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90389 015 \*\*\*\*70.00

<b>DOCUMENT # N16134</b> 1. Entity Name LAKELAND INTERSTATE BUSINESS PARK ASSOCIATION, INC.	
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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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**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-NP CR2E037 (10/03)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

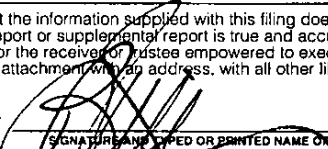
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

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	

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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:**  **3-23-05** **813-692-5587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #