


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

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46305</b> 1. Entity Name <b>LAKE REGION FOOTBALL OFFICIALS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 8766 LAKELAND, FL 33806</b>	Mailing Address <b>P.O. BOX 8766 LAKELAND, FL 33806</b>
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**DO NOT WRITE IN THIS SPACE**



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3075585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

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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	D GARRISON, ANDREW 2953 MORRIS DR BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFY, DENNIS 10820MHIGHVIEW DR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETRICK, MARK 129 LK HOWARD DR W WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, JOE 6010N IDLE A WHILE CR. DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELTON, LARRY 935 W DEES ROAD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENMARK, NOEL 2419 AVE B S.W. APT #A WINTER HAVEN, FL 33880

11000000276444  
03/25/05-80040-025 61.25

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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:**  **3/21/05** **863-534-0562**

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