

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000003746**

1. Entity Name  
**READ LAKE LAND, INC.**



Principal Place of Business  
**100 LAKE MORTON DRIVE  
LAKE LAND, FL 33801 US**

Mailing Address  
**100 LAKE MORTON DRIVE  
LAKE LAND, FL 33801 US**



03152006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1467587**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BORDELON, DON  
521 CENTURY OAK CT.  
LAKE LAND, FL 33813**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MILBURN, KATHLEEN  
5809 OLD SCOTT LAKE ROAD  
LAKE LAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FENTON, BILL  
400 W. BEACON ROAD APT. 306  
LAKE LAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DOLCE, MIKE  
1708 MOCKINGBIRD LANE  
LAKE LAND, FL 33801**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LITTLE, MERY  
604 CENTRAL AVENUE, S.  
LAKE LAND, FL 33815**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000480938  
04/11/06-80011-011 61.25

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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: *Michael E. Dolce* **MICHAEL E. DOLCE, TREASURER** 3/21/06 (863) 688-6685