

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000000458</b> 1. Entity Name <b>LAKELAND CLEAN AND BEAUTIFUL, INC.</b>					
Principal Place of Business <b>407 FAIRWAY AVE. LAKELAND FL 33801</b>			Mailing Address <b>407 FAIRWAY AVE. LAKELAND FL 33801</b>		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>  <b>PARKS, JOHN P WENDEL, CHRITTON &amp; PARKS, CHARTERED 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
4. FEI Number <b>59-3252884</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CLIFFORD, CYNTHIA</b> 1125 DOROTHY ST LAKELAND FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <b>SIEGEL, SHARON</b> 407 FAIRWAY AVE. LAKELAND FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center;"> <b>U00000341188</b>  <b>04/29/05-80006-005 61.25</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <b>POSTELL, GEORGE</b> 228 S MASSACHUSETTS AVE LAKELAND FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>LANDON, MARGARET</b> 900 OLD COMBEE RD LAKELAND FL 33809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** *Sharon L Siegel* **SHARON L. SIEGEL** *4-25-05* **863-834-3306**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #