


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90003 029 ****70.25

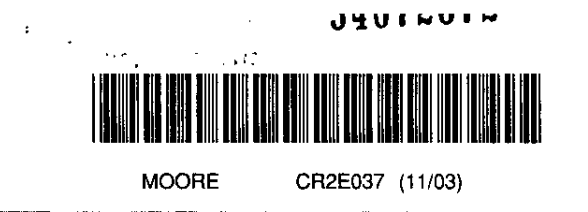
DOCUMENT # N96000002518
1. Entity Name
LAKELAND FALCON INC.



Principal Place of Business: **609 BEECH AVE
LAKELAND FL 33815
US**
Mailing Address: **609 BEECH AVE
LAKELAND FL 33815
US**

2. Principal Place of Business: **3512 MILNER DR S,
Suite, Apt. #, etc. *FL*
Lakeland**
City & State: **Lakeland FL**

3. Mailing Address: **Same**
Suite, Apt. #, etc. **Same**
City & State: **Same**
Zip: **33810** Country: **US**



6. Name and Address of Current Registered Agent
**HENDRIX, JAMES
609 BEECH AVE
LAKELAND FL 33815**

4. FEI Number: **59-3351755**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **FL** Zip Code: _____

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	HENDRIX, JAMES	
STREET ADDRESS	609 BEECH AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HENDRIX, KEVIN	
STREET ADDRESS	3512 MILNER DR S	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROLLINS, FRANK	
STREET ADDRESS	613 BEECH AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENDRIX, DEMENIQUE	
STREET ADDRESS	2854 STAR LIGHT COVE LANE APT 203	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ANGLE	
STREET ADDRESS	451 BEECH AVE	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	ACT	<input type="checkbox"/> Delete
NAME	LITTIMORE, SHUREKA	
STREET ADDRESS	2854 STAR EIGHT COVE LN APT 203	
CITY-ST-ZIP	LAKELAND FL 33815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **5-5-04** Daytime Phone #