

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N98000000065

1. Entity Name  
LAC PARENT GROUP, INC.



Principal Place of Business

2714 W. KIRBY ST.  
TAMPA, FL 33614

Mailing Address

8003 LAGO VISTA DRIVE  
TAMPA, FL 33614

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**



03092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3552162

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, YVONNE R  
8003 LAGO VISTA DRIVE  
TAMPA, FL 33614

**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**

U00000477720  
04/06/06-80062-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOLLIFF, LOUISE 15018 REDCLIFF DR TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, YVONNE 8003 LAGO VISTA DR TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERN, CHRISTINE 8317 WEST FOREST CIRCLE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: *Christine M. Kern*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE M. KERN

3-10-06

Date

813-884-0198

Daytime Phone #