2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000013368

1. Entity Name
LAKELAND GAS, INC.

Principal Place of Business
1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119

Mailing Address
1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119

02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3708380
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD UNIT 7
DAYTONA BEACH, FL 32119

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000428079
02/21/06-80030-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMENDOLAGINE, MICHAEL
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	STD
NAME	OWJI, KHOSROW
STREET ADDRESS	1766 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VD
NAME	AMENDOLAGINE, MARILYN
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	VD
NAME	OWJI, CAROLYN
STREET ADDRESS	1766 SENECA BLVD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
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 607, 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: Marilyn Amendolagine 2/6/06 386-322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #