

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 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**



01162007 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**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**U000000610624  
02/02/07-80029-011 150.00**

**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 IKA empowered.

SIGNATURE Marilyn Amendolagine 1-17-07 386-325-0673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #