12007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P01000084443 04-26-2007 90207 013 ***150.00 LAKELAND COMMERCIAL REALTY, INC. Principal Place of Business Mailing Address 515 TIFFANY TERR. LAKELAND FL 33813 515 TIFFANY TERR. LAKELAND FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3642478 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANN, JOHN L 105 S. FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 City 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, typed or printed name of registered agent and title (applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Addition TUBB, JOYCE B NAME 515 TIFFANY TERR. STREET ADDRESS 530 Tiffaul Terr. STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CITY - ST- 7/P LAKELAND, FL. 33813 ☐ Delete TITLE Change ☐ Addition TUBB, JOHN B NAME 515 TIFFANY TERR. 530 TIFFALT TEN. STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP LAKELAN, PL. 31813 CITY-ST-7IP TITLE Delete TETLE Change Addition HAME MAGNE STREET ADDRESS STREET ADORESS CHY-ST ZIP CHTY - 31 - ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete DITTE Addition Change NAME STREET ADDRESS STREET ADORESS CITY-SI-7IP CITY-S1-ZIP TITLE ☐ Defete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 1.19. 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 trustoe-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.