


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000042105
1. Entity Name
LAKELAND WINNERS CIRCLE INC.



Principal Place of Business Mailing Address
3234 S. FLORIDA 3234 S. FLORIDA
LAKELAND, FL 33803 LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 03-0430652 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ALCOCK, WILLIAM D
836 CIMARRON CT.
LAKELAND, FL 33813

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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 *William D. Alcock* DATE *4/14/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000313347
04/18/05-80147-005 150.00

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALCOCK, WILLIAM D 836 CIMARRON CT. LAKELAND, FL 33813 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William D. Alcock* DATE: *4/14/05* DAYTIME PHONE #: *863-646-8883*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #