2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000042105

1. Entity Name
LAKELAND WINNERS CIRCLE INC.

Principal Place of Business	Mailing Address
3234 S. FLORIDA LAKELAND, FL 33803	3234 S. FLORIDA 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 ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _William D. Alcock_

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE 4/14/05

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

U000000313847
04/18/05-80147-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALCOCK, WILLIAM D
STREET ADDRESS	836 CIMARRON CT.
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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)(i), 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_   4/14/05   863-641-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #