


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90759 047 ***150.00

DOCUMENT # P02000052181 1. Entity Name LAKELAND QUALITY NETS, INCORPORATED					
Principal Place of Business 8115 US HWY 98 N LAKELAND, FL 33809			Mailing Address 8115 US HWY 98 N LAKELAND, FL 33809		
2. Principal Place of Business 400 GRIMES DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 916 Suite, Apt. #, etc.			
City & State AUBURNDALE, FL		City & State AUBURNDALE, FL		4. FEI Number 03-0468454	
Zip 33823		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEACH, BARBARA 8115 US HWY 98 N LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 GRIMES DRIVE City AUBURNDALE FL Zip Code 33823		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEACH, JONA 8115 US HWY 98 N LAKELAND, FL 33809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 GRIMES DRIVE AUBURNDALE, FL 33823	
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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: Barbara Beach, BARBARA BEACH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-04 (863) 660-6276 <small>Date Daytime Phone #</small>		