

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000077078

1. Entity Name
OP LAKE PARKER, INC.



Principal Place of Business
**2020 W. LAKE PARKER DRIVE
LAKELAND, FL 33805**

Mailing Address
**2111 GLENWOOD DRIVE STE 202
WINTER PARK, FL 32792**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1860678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000503410

04/28/06-80002-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DEERING, LAWRENCE R 800 CONCOURSE PKWY S., SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURCIO, EUGENE R 800 CONCOURSE PKWY S., SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO CONTE, JOSEPH D 800 CONCOURSE PKWY S., SUITE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORSETTI, ROSEMARY L ONE OXFORD CENTRE, 20TH FL., 301 GRANT ST PITTSBURGH, PA 15219
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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary L. Corsetti March 24, 2006 (412) 281-4420

Secretary

Date

Daytime Phone #