

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000090114

1. Entity Name
LAKELAND REGIONAL EDUCATIONAL PRODUCTIONS,
INC.



Principal Place of Business Mailing Address

1324 LAKELAND HILLS BLVD PO BOX 95448
LAKELAND, FL 33801 LAKELAND, FL 33804

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0679492	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

STEPHENS, JACK T
1324 LAKELAND HILLS BLVD
LAKELAND, FL 33801

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: STEPHENS, JACK T
STREET ADDRESS: 1324 LAKELAND HILLS BLVD
CITY-ST-ZIP: LAKELAND, FL 33801

TITLE: D
NAME: POWERS, PAUL A
STREET ADDRESS: 1324 LAKELAND HILLS BLVD
CITY-ST-ZIP: LAKELAND, FL 33801

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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01/13/05-80038-012 150.00

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IN THIS SPACE**

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 files empowered.

SIGNATURE: Paul Powers Date: 1/7/2005 Daytime Phone #: 863 687 1284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR