



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

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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, JACK T 1324 LAKELAND HILLS BLVD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, PAUL A 1324 LAKELAND HILLS BLVD LAKELAND, FL 33801
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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 files empowered.

SIGNATURE:  Paul Powers	Date: 1/17/2005	Daytime Phone #: 863 687 1284
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		