


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 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

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0679492

Applied For
Not Applicable

5. Certificate of Status Desired \$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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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 title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U000000856112
03/14/07-80012-019 158.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Paul Powers 2/23/07 863-687-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #