


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100331	
1. Entity Name LA-SAL PROPERTIES, INC.	

Principal Place of Business 3003 BROOKS ST LAKELAND, FL 33840	Mailing Address POST OFFICE BOX 456 EATON PARK, FL 33840
---	--

DO NOT WRITE IN THIS SPACE

FILED
08 JAN 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082008 No Chg-P CR2E034 (11/05)

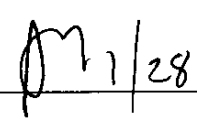
4. FEI Number 14-1850164	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MCMACHEN, LARRY G 550 TIFFANY TERRACE LAKELAND, FL 33813	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCMACHEN, LARRY G 550 TIFFANY TERRACE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCMACHEN, SALLY 550 TIFFANY TERRACE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

700117640767
02/11/08--01005--018 **438.75

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
---	------------	-----------------------