2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # P02000130739** 04-27-2006 90207 022 ***150.00 LAKESIDE STATION REALTY, INC. Principal Place of Business Mailing Address 507 W DR MARTIN LUTHER KING JR BLVD PO DRAWER X PLANT CITY, FL 33563 PLANT CITY, FL 33563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 05-0554381 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPERRY, BRUCE J Street Address (P.O. Box Number is Not Acceptable) 1003 S LAEXANDER ST STE 1 PLANT CITY, FL 33563 City Zin Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. <u>11.</u> ☐ Delete TITO F TITLE Change ☐ Addition Louis W McGrath MCGARTH, LOUIS W NAME NAME STREET ADDRESS 507 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS PLANT CITY, FL 33563 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE (Change Addition LOUIS R. McGrath MCGARTH, LOUIS R NAME NAME 507 W DR MARTIN LUTHER KING JR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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11-25-06

ess, with all other like empowered

changed, or on an attachme

SIGNATURF:

813 754 8888

FILED