

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-15-2006 90103 006 ***150.00

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1. Entity Name
LAD OF LAKELAND, INC.



Principal Place of Business
205 COMPLEX RD.
#2
LAKELAND, FL 33801

Mailing Address
P.O. BOX 41035
FAYETTEVILLE, NC 28309

66007580



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRIAGE, DAVID
1571 CARSON CIRCLE - NE
ST. PETERSBURG, FL 33703-424

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARRIAGE, DAVID
STREET ADDRESS 205 COMPLEX ROAD #2
CITY - ST - ZIP LAKELAND, FL 33801

TITLE SEC
NAME BARRIAGE, KIMBERLY
STREET ADDRESS 205 COMPLEX ROAD #2
CITY - ST - ZIP LAKELAND, FL 33801

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IN THIS SPACE**

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: David Barriaga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2006
Date

910-424-1981
Daytime Phone #