## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000134248

Entity Name
 JUBILEE PARK, INC.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

6115 DONEGAL CIRCLE E. LAKELAND, FL 33813 US Mailing Address

P.O. BOX 1643

HIGHLAND CITY, FL 33846



02252007

No Chg-P

CR2E034 (11/05)

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

LANDER, STEPHEN R JR. 6115 DONEGAL CIRCLE E. 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  |   |              |            |                                |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |   |              | , 🗆        | \$5.00 May Be<br>Added to Fees |   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SI-ZIP  | OFFICERS AND DIRECT<br>P<br>LANDER, STEPHEN R JR.<br>6115 DONEGAL CIRCLE E.<br>LAKELAND, FL 33813 | CTORS        |            |                                |   |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>LANDER, SANDRA J<br>6115 DONEGAL CIRCLE E.<br>LAKELAND, FL 33813                            |              |            |                                | U00000679841<br>04/03/07-90054-001 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |              |            |                                | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-SE-ZIP  |   |              |            | IN <sup>-</sup>                | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-Z(P  |   |              |            |                                |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <u>:</u> : . | <u>.</u> . |                                |   |
| 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 a state threat with an address with all other like empowered. |   |              |            |                                |   |