

FILED
Sep 05, 2006 8:00 am
Secretary of State

08-09-2006 90014 019 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000012602			
1. Entity Name LAC OF TAMPA, INC			
Principal Place of Business 1955 W LUMSDEN ROAD BRANDON, FL 33511		Mailing Address 1955 W LUMSDEN ROAD BRANDON, FL 33511	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
08042006		Chg-P CR2E034 (11/05)	
4. FEI Number 20-2209203		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 GREGORY, JEANETTE H 4239 W EL PRADO BLVD TAMPA, FL 33362-9		7. Name and Address of New Registered Agent Name: <u>Rivero, Cordimer & Company</u> Street Address (P.O. Box Number is Not Acceptable): <u>2203 N. Lois Ave.</u> <u>Suite 700</u> City: <u>Tampa</u> FL Zip Code: <u>33607</u>	
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: <u>[Signature]</u> DATE: <u>8/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE	P LINDER, LEONARD S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, LEONARD S	NAME	
STREET ADDRESS	6336 QUAIL RIDGE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33625	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, CHARLES	NAME	
STREET ADDRESS	4306 N MANHATTAN AVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33611	CITY - ST - ZIP	
TITLE	S/T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, ANGELA M	NAME	
STREET ADDRESS	6336 QUAIL RIDGE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33625	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>8/4/06</u> <u>813-265-0018</u> Date Daytime Phone #	
<u>Angela Linder</u>			