

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90057 007 \*\*\*150.00

**DOCUMENT # P05000070050**

1. Entity Name  
LAC PROPERTIES OF CENTRAL FLORIDA, INC.



Principal Place of Business  
5328 CENTRAL AVE  
ST PETERSBURG, FL 33707

Mailing Address  
5328 CENTRAL AVE  
ST PETERSBURG, FL 33707

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
27-0122520

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEVERITT, KAREN B  
5328 CENTRAL AVE  
ST PETERSBURG, FL 33707

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**TITLE** *DOT P/D*  
**NAME** LEVERITT, KAREN B  
**STREET ADDRESS** 5328 CENTRAL AVE  
**CITY-ST-ZIP** ST PETERSBURG, FL 33707

**TITLE** *VPO S/T/D*  
**NAME** JONES, CHARLIE  
**STREET ADDRESS** 1611 W COUNTY RD 48  
**CITY-ST-ZIP** BUSHNELL, FL 33513

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #