2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000058501

Entity Name: LAKELAND CREAMERY, INCORPORATED

Current Principal Place of Business:

1615 TOWN CENTER DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

1615 TOWN CENTER DRIVE
LAKELAND, FL 338037970

Current Mailing Address:

14167 WADSWORTH DRIVE
ODESSA, FL 33556

New Mailing Address:

14167 WADSWORTH DRIVE
ODESSA, FL 335564303

FEI Number: 20-4793835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNE, CATHERINE
14167 WADSWORTH DRIVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

BYRNE, CATHERINE
14167 WADSWORTH DRIVE
ODESSA, FL 335564303 US

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.

SIGNATURE: CATHERINE BYRNE 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BYRNE, ROBERT J
Address: 14167 WADSWORTH DRIVE
City-St-Zip: ODESSA, FL 33556

Title: TREA ( ) Delete
Name: BYRNE, CATHERINE
Address: 14167 WADSWORTH DRIVE
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete
Name: MCKEY, JOHN
Address: 15201 PLANTATION OAKS DRIVE, APT #7
City-St-Zip: TAMPA, FL 33647

Title: SEC ( ) Delete
Name: MCKEY, MARY
Address: 15201 PLANTATION OAKS DRIVE, APT #7
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BYRNE, ROBERT J
Address: 14167 WADSWORTH DRIVE
City-St-Zip: ODESSA, FL 335564303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE BYRNE TREA 04/27/2007
Electronic Signature of Signing Officer or Director Date