

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058501

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: LAKELAND CREAMERY, INCORPORATED

## Current Principal Place of Business:

1615 TOWN CENTER DRIVE  
LAKELAND, FL 338037970

## New Principal Place of Business:

## Current Mailing Address:

14167 WADSWORTH DRIVE  
ODESSA, FL 335564303

## New Mailing Address:

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 335564303 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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 335564303

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

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: ROBERT J. BYRNE

P

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date