

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31583

Entity Name: HAWTHORNE LAKELAND, INC.

FILED
Mar 10, 2004
Secretary of State

Current Principal Place of Business:

3400 AIRFIELD DRIVE W
STE 1
LAKELAND, FL 338111240

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 525
WINSTON-SALEM, NC 27102

New Mailing Address:

FEI Number: 57-0923063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTON, T. DEAN
C/O LAKELAND AIR CENTER
3470 DRANE FIELD ROAD
LAKELAND, FL 33811 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: PD () Delete
Name: HARTON, T. DEAN,
Address: PO BOX 525
City-St-Zip: WINSTON-SALEM, NC 27102

Title: VTSD () Delete
Name: URBANIA, M. MARK
Address: P.O. BOX 525
City-St-Zip: WINSTON SALEM, NC 27102

Title: VD () Delete
Name: GROOM, RANDALL T
Address: P.O. BOX 525
City-St-Zip: WINSTON SALEM, NC 27102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTSD (X) Change () Addition
Name: LEVESQUE, STEVEN P
Address: P.O. BOX 525
City-St-Zip: WINSTON SALEM, NC 27102

Title: VD (X) Change () Addition
Name: BECKER, MARGUERITE
Address: P.O. BOX 525
City-St-Zip: WINSTON SALEM, NC 27102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN P. LEVESQUE

VTSD

03/10/2004

Electronic Signature of Signing Officer or Director

Date