

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90010 037 ***150.00

DOCUMENT # P93000062588

1. Entity Name
LAKELAND PROPERTIES, INC.



Principal Place of Business
**15 CROSSROADS
SUITE 256
SARASOTA, FL 34239**

Mailing Address
**15 CROSSROADS
SUITE 256
SARASOTA, FL 34239**

54054563

2. Principal Place of Business

3. Mailing Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

256

05052004

Chg-P

CR2E034 (10/03)

City & State

City & State
SARASOTA FL

4. FEI Number

65-0435013

Applied For

Not Applicable

Zip

Country

Zip

34239

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIXON, CHARLES A
7786 FAIRWAY WOODS DRIVE
SARASOTA, FL 34238**

Name
CHARLES A. DIXON

Street Address (P.O. Box Number is Not Acceptable)

15 PARADISE PLAZA 256

City

SARASOTA, FL

FL

Zip Code

34239

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DIXON, CHARLES A.
STREET ADDRESS 7786 FAIRWAY WOODS DR
CITY-ST-ZIP SARASOTA, FL ☐ Delete

TITLE NAME
NAME CHARLES A. DIXON ☒ Change ☐ Addition
STREET ADDRESS 15 PARADISE PLAZA 256
CITY-ST-ZIP SARASOTA, FL 34239

TITLE S
NAME TIMMERMAN, PETER
STREET ADDRESS 4127 BEE RIDGE RD
CITY-ST-ZIP SARASOTA, FL 34233 ☐ Delete

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #

PETER TIMMERMAN

5-4-04

(941) 379-8515