

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062588

FILED
Jul 07, 2006
Secretary of State

Entity Name: LAKELAND PROPERTIES, INC.

Current Principal Place of Business:

15 CROSSROADS
SUITE 256
SARASOTA, FL 34239

New Principal Place of Business:

15 PARADISE PLAZA
SUITE 256
SARASOTA, FL 34239

Current Mailing Address:

15 PARADISE PLAZA, #256
SARASOTA, FL 34239

New Mailing Address:

15 PARADISE PLAZA, #256
SUITE 256
SARASOTA, FL 34239

FEI Number: 65-0435013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, CHARLES A
15 PARADISE PLAZA, #256
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

DIXON, CHARLES A
15 PARADISE PLAZA,
SUITE 256
SARASOTA, FL 34239 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: CHARLES A DIXON

07/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, CHARLES A.
Address: 15 PARADISE PLAZA, #256
City-St-Zip: SARASOTA, FL 34239

Title: S () Delete
Name: TIMMERMAN, PETER
Address: 4127 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: DIXON, CHARLES A. P/D
Address: 15 PARADISE PLAZA, #256
City-St-Zip: SARASOTA, FL 34239

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES A DIXON

P/D

07/07/2006

Electronic Signature of Signing Officer or Director

Date