2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075345

Title:

Name:

Address:

City-St-Zip:

Entity Name: LAKE PARK TRAVEL CENTER, INC.

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1650 COUNTY RD. 210 WEST JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 1650 COUNTY RD. 210 WEST JACKSONVILLE, FL 32259 FEI Number: 59-3209927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, ROBERT 1650 CR 210 WEST JACKSONVILLE, FL 32259 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MORRIS, GEORGE H Name: Name: 1024 US HIGHWAY 301 SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32234 City-St-Zip: Title: DVP Title: () Delete () Change () Addition Name: MORRIS, G. ROBERT Name: 1650 CR 210 WEST Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: () Delete Title: Title: () Change () Addition MORRIS, HERMAN D Name: Name: 1024 US HIGHWAY 301 SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT MORRIS VP 01/22/2009

() Delete

WINDSOR, DELICIA M

5950 HECKSCHER DR

JACKSONVILLE, FL 32226

() Change () Addition