

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000039846

1. Entity Name
MC OF LAKELAND, INC.



Principal Place of Business
107 PRADO PL
LAKELAND, FL 33803

Mailing Address
107 PRADO PL
LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3239537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANG, ISSAC
107 PRADO PL
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHANG, ISSAC
STREET ADDRESS	107 PRADO PL
CITY - ST - ZIP	LAKELAND, FL
TITLE	D
NAME	CHANG, MYUNG JA
STREET ADDRESS	107 PRADO PL
CITY - ST - ZIP	LAKELAND, FL 33803

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000367445
05/17/05-80005-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #