


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 011 ***158.75

DOCUMENT # P95000049432					
1. Entity Name LAKEWOOD RANCH COMMERCE PARK INC.					
Principal Place of Business 6215 LORRAINE ROAD BRADENTON, FL 34202			Mailing Address 6215 LORRAINE ROAD BRADENTON, FL 34202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0598005	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIOFALO, ANTHONY J 6215 LORRAINE RD BRADENTON, FL 34202			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLARKE, JOHN	NAME			
STREET ADDRESS	6215 LORRAINE ROAD	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENSEN, REX	NAME			
STREET ADDRESS	6215 LORRAINE ROAD	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIOFALO, ANTHONY	NAME			
STREET ADDRESS	6215 LORRAINE ROAD	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, TIM	NAME			
STREET ADDRESS	6215 LORRAINE ROAD	STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	VP POKRYWA, TODD		
STREET ADDRESS		STREET ADDRESS	6215 LORRAINE RD		
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON FL 34202		

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 #

941
755-1629
2/15/05
VP