

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000097902
 1. Entity Name
LAKELAND SANITARY SUPPLIES, INC.



Principal Place of Business 1835 GARY RD LAKELAND, FL 33801	Mailing Address 1835 GARY RD LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3354181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TAYLOR, JOHN W
 1835 GARY RD
 LAKELAND, FL 33801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registering Agent signature required when reinstating)

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

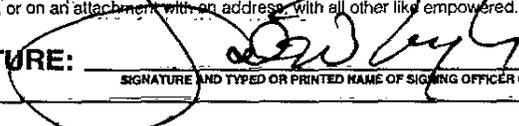
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, JOHN W
STREET ADDRESS	1835 E GARY RD
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/05-80012-022 150.00

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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:  **1/13/05 863-665-5152**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #