


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 033 ***150.00

DOCUMENT # P96000101507		
1. Entity Name A & C OF LAKELAND, INC.		

Principal Place of Business 16011 BUTTERFIELD RANCH RD APT 514 CHINO HILLS CA 91709	Mailing Address A & C OF LAKELAND INC 16011 BUTTERFIELD RANCH RD, APT 514 CHINO HILLS CA 91709
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2. Principal Place of Business APT. 97 Suite, Apt. #, etc. 5640 RIVERSIDE DR. City & State CHINO, CA Zip 91710	Country	3. Mailing Address A+C OF LAKELAND INC. Suite, Apt. #, etc. 5640 RIVERSIDE DR. #97 City & State CHINO, CA Zip 91710	Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-0721324		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DEATON, ANYA O 4630 US 92 E LAKELAND FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEATON, ANYA O 16273 PHIDIAS LANE CHINO HILLS CA 91709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEATON, CHARLES 16273 PHIDIAS LANE CHINO HILLS CA 91709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Charles Deaton **3-10-06 (909) 933-2605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #