## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2006 08:00 Al Secretary of State

DOCUMENT # P97000016623  1. Entity Name CRC LAKELAND SOUTH, INC.		Secretary of State
Principal Place of Business Mailing Address  111 WEST FORTUNE STREET 111 WEST FORTUNE STREET TAMPA, FL 33602 TAMPA, FL 33602	T	
	.,	
DO NOT WRITE IN THIS SPA	ACE	04282006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For S9-3427863 Not Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Regulired
6. Name and Address of Current Registered Agent		} correquies
MANN, JOHN L 105 SOUTH FLORIDA AVE. LAKELAND, FL 33801		DO NOT WRITE IN THIS SPACE
<ol> <li>The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.</li> </ol>	tered office or register	red 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 Regis	stered Agent signature required	d when reinstaling) DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign File Trust Fund Contribute	nancing\$5	.00 May Be led to Fees
10. OFFICERS AND DIRECTORS		**************************************
TITLE PST NAME CALLEN, ANDRE STREET ADDRESS 111 WEST FORTUNE STREET CITY-S1-ZIP TAMPA, FL 33602		00000565558 05/22/06-80001-022 150.00
nr.e		

## NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$1-ZIP RITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/28/04

813-229-6686

Daytime Phone #