2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P97000016623 1. Entity Name CRC LAKELAND SOUTH, INC. Principal Place of Business Mailing Address 111 WEST FORTUNE STREET 111 WEST FORTUNE STREET TAMPA, FL 33602 TAMPA, FL 33602 DO NOT WRITE IN THIS SPACE

FILED May 01, 2007 08:00 A Secretary of State



CR2E034 (11/05)

Applied For

\$8.75 Additional

Not Applicable

No Chg-P

04132007

4. FEI Number 59-3427863

5. Certificate of Status Desired

					r co ricquilos
6. Name and Address of Current Registered Agent					
MANN, JOHN L 105 SOUTH FLORIDA AVE. LAKELAND, FL 33801			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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		CTORS			
TITLE NAME STREET ADDRESS City-S1-Zip	PST CALLEN, ANDRE 111 WEST FORTUNE STREET TAMPA, FL 33602				·
NAME STREET ADDRESS CITY-ST-ZIP					U00000753276 05/22/07-80014-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN '	THIS SPACE
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12. I hereby 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP