

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000031608

1. Entity Name
LAKELAND PARTIES, INC.



Principal Place of Business
**1115 MARIGOLD DR.
BRADENTON, FL 34202**

Mailing Address
**1115 MARIGOLD DR.
BRADENTON, FL 34202**



04112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0752996

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, MARK W
11115 MARIGOLD DRIVE
BRADENTON, FL 34202**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000129731
04/26/04-80030-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, WILLIAM A 7803 ALHAMBRA DR BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLFE, ELIZABETH J 7803 ALHAMBRA DR BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFE, MARK 11115 MARIGOLD DRIVE BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREW, KRISTINE A. 13710 CHESTERSALL DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mark Wolfe Mark Wolfe 4/19/04 941-962-7562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #