


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90199 011 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P97000031608</b>                  |  |
| 1. Entity Name<br><b>LAKELAND PARTIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1115 MARIGOLD DR.<br/>BRADENTON, FL 34202</b> | Mailing Address<br><b>1115 MARIGOLD DR.<br/>BRADENTON, FL 34202</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>1115 Marigold Dr.</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1115 Marigold Dr.</b><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| City & State<br><b>Bradenton, FL</b> | City & State<br><b>Bradenton, FL</b> |
| Zip<br><b>34202</b>                  | Zip<br><b>34202</b>                  |
| Country<br><b>USA</b>                | Country<br><b>USA</b>                |



03272006 Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>WOLFE, MARK W<br/>1115 MARIGOLD DRIVE<br/>BRADENTON, FL 34202</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>WOLFE, WILLIAM A</b><br><b>7803 ALHAMBRA DR</b><br><b>BRADENTON, FL 34209</b> <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>WOLFE, ELIZABETH J</b><br><b>7803 ALHAMBRA DR</b><br><b>BRADENTON, FL 34209</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>WOLFE, MARK</b><br><b>1115 MARIGOLD DRIVE</b><br><b>BRADENTON, FL 34202</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>WOLFE, JANIE</b><br><b>1115 MARGOLD DR</b><br><b>BRADENTON, FL 34202</b> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1115 Marigold Dr.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** Mark Wolfe **Mark Wolfe** 4/24/06 962-7562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #