

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000031608

1. Entity Name
LAKELAND PARTIES, INC.



Principal Place of Business
**11115 MARIGOLD DR.
BRADENTON, FL 34202**

Mailing Address
**11115 MARIGOLD DR.
BRADENTON, FL 34202**



03182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0752996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

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

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 DR BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFE, JANIE 11115 MARGOLD DR BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000684706
04/06/07-80043-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

941-962-7562

Daytime Phone #