


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90771 001 *1,111.25

DOCUMENT # P98000100378 1. Entity Name LMC HAINES CITY, INC.	
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Principal Place of Business 33 E. WALL STREET FROSTPROOF, FL 33843	Mailing Address 33 E. WALL STREET FROSTPROOF, FL 33843
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DO NOT WRITE IN THIS SPACE

66014544



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1004757	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 WILSON, P T 33 EAST WALL ST FROSTPROOF, FL 33843

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILSON, P T 33 E WALL ST FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST CRADDOCK, F H 223 LAKE LINK ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, PATRICIA 2013 RUE ULYSSE BILOXI, MS 39531
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: *[Signature]* F. Adam Craddock 4-29-05 863/635-4804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #