2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # P99000027648 1. Entity Name LAKE REGION REALTY COMPANY Principal Place of Business Mailing Address 6700 S FLORIDA AVE, SUITE 11 6700 S FLORIDA AVE, SUITE 11 LAKELAND, FL 33813 LAKELAND, FL 33813 No Chg-P CR2E034 (11/05) 04282006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3566473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICHARDSON, J.P. DO NOT WRITE 6700 S FLORIDA AVE, SUITE 11 LAKELAND, FL 33813 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 regulared when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TILE NAME RICHARDSON, J.P. STREET ADDRESS 6700 S FLORIDA AVE, SUITE 11 U00000552991 05/15/06-80034-002 150.00 CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME

12. I hereby certify that the information supplied with this filling 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 postee 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 a address, with all other like empowered

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #