

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-02-2005 90514 026 \*\*\*150.00

**DOCUMENT # P99000102308**

1. Entity Name  
**LMC LAKELAND HIGHLANDS, INC.**



Principal Place of Business

**33 E. WALL STREET  
FROSTPROOF, FL 33843**

Mailing Address

**33 E. WALL STREET  
FROSTPROOF, FL 33843**

**50045225**



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1004757**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILSON, P.T.  
33 EAST WALL STREET  
FROSTPROOF, FL 33843**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	WILSON, P.T.
STREET ADDRESS	100 N PALM AVE
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	VPS
NAME	CRADDOCK, F. HOOD
STREET ADDRESS	223 LAKE LINK RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D
NAME	WILSON, PATRICIA
STREET ADDRESS	2013 RUE ULYSSE
CITY-ST-ZIP	BILOXI, MS 39531
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: *F. Hood Craddock* **F. Hood Craddock** 4-29-05 (863) 625-4204  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #