

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 044 ***150.00

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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

50018754



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1004757

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 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. ☐ Delete
STREET ADDRESS 100 N PALM AVE
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE VPS
NAME CRADDOCK, F. HOOD ☐ Delete
STREET ADDRESS 223 LAKE LINK RD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D
NAME WILSON, PATRICIA ☐ Delete
STREET ADDRESS 2013 RUE ULYSSE
CITY-ST-ZIP BILOXI, MS 39531

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Change ☒ Addition
NAME Clayton G. Wilson
STREET ADDRESS 65 Mountain Lake
CITY-ST-ZIP Lake Wales, FL 33859

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

F. Ann Craddock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

863.635.4804

Daytime Phone #