
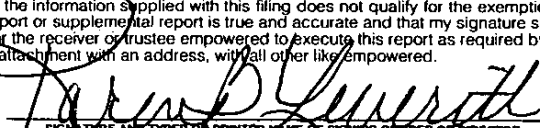


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90192 050 \*\*\*150.00

<b>DOCUMENT # P05000070050</b>					
1. Entity Name LAC PROPERTIES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 5328 CENTRAL AVE ST PETERSBURG, FL 33707			Mailing Address 5328 CENTRAL AVE ST PETERSBURG, FL 33707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0122520	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVERITT, KAREN B 5328 CENTRAL AVE ST PETERSBURG, FL 33707				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS	Pres./Dir J. Christopher Carver	
CITY-ST-ZIP			CITY-ST-ZIP	1611 W. County Road 48 Bushnell, FL 33513	
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS	VP/Dir Charlie Jones	
CITY-ST-ZIP			CITY-ST-ZIP	1611 W. County Road 48 Bushnell, FL 33513	
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	Delete <input type="checkbox"/>		TITLE NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 4/25/06 727-323-8449		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		