## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL						
OMB Number:	3235-0362					
Estimated average burden						

1.0

hours per response:

⊢orm :	3 Holaings Rep	ortea.																ᆜ		
_	4 Transactions	Reported.	Fi	led pursuant t or Sectio																
1. Name and Address of Reporting Person*  SMITH CHARLES D				2. Issuer Name and Ticker or Trading Symbol  LAKELAND FINANCIAL CORP [ LKFN ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner									
(Last) (First) (Middle) 1902 N. BAY DRIVE  (Street) WARSAW IN 46580					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003								X Officer (give title Other (specify below)  Executive Vice president							
				4. If Ame								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting								
(City)	(S	tate)	(Zip)										Perso	on				_		
		Tab	le I - Non-Deri	vative Sec	curit	ies A	cqui	red, C	isposed	of, or	Benefi	cially	y Owne	d						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	if any	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			Securities Beneficial Owned at		s ally t end of	Form (D) o	ership :: Direct r	7. Nature of Indirect Beneficial Ownership				
								Amou	Amount		Price		Issuer's Fisca Year (Instr. 3 a 4)		Indire (Instr		(Instr. 4)			
Common			12/31/2003			<b>J</b> (1)			1.564	A \$29				20.119		D				
Common			12/31/2003		J <sup>(2)</sup>		<u> </u>	50.085	A	\$29.72 \$29.72	_		31,825.792 278		I 401(k) Plar I By Spouse					
Common	JUCK	Т	able II - Deriva	l ative Secu	ritie								<u> </u>	70		1	Dy Spouse	_		
	1.	I		puts, calls	_		<del></del>			_		<u> </u>		I			I	_		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year)   Execution Date, fransaction of Code (Instr. By Code		ation Da	ate	nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			Price of Perivative Security Instr. 5)			10. Ownersh Form: Direct (D or Indirec (I) (Instr.	Benefici Owners (Instr. 4)	ect ial hip						
					(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er								
Stock Options (Right to buy)	\$13.5						06/13/2005		06/13/2005		3/2005 06/13/2010		on 4,00	0	4,000		4,000 D			
Stock Options (Right to buy)	\$13.625						01/09/2006		01/09/2006		01/09/2011	1/09/2011 Common Stock 5,00		0		5,000		5,000 D		
Stock Options (Right to buy)	\$14.125						05/09/2005		05/09/2005		2005 05/09/2010 Common Stock 2,0			0		2,000		00 D		
Stock Options (Right to buy)	\$15.125						02/08/200		02/08/2005		02/08/2010	/08/2010 Common Stock 4,0		0		4,000		00 D		
Stock Options (Right to buy)	\$16.25						12/11	1/2006	12/11/2011	Commo Stock		0		2,000	0	D				
Stock Options (Right to buy)	\$19.4375						02/09	9/2004	02/09/2009	Commo		0		4,000	)	D				
Stock Options (Right to buy)	\$24.375						04/14	1/2003	04/12/2008	Commo Stock		0		4,000	)	D				
Stock Options (Right to buy)	\$34.37						12/09	9/2008	12/09/2013	Commo Stock		0		5,000	0	D				

## **Explanation of Responses:**

- $1.\ Dividend\ reinvestment\ for\ 2003.$
- 2. Salary redirection to 401(k) plan during 2003.

<u>Teresa A. Bartman, Attorney-in-Fact</u>

\*\* Signature of Reporting Person

02/05/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.