Instruction 1(b)

## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL							
l	OMB Number:	3235-0362						
l	Estimated average burden							
l	hours per response:	1.0						

Form 3	Holdings Rep	orted.				•								hour	rs per re	esponse:		1.0	
_	Transactions		Fi	ed pursuant t or Sectio					urities Exch Company A									,	
1. Name and Address of Reporting Person* <u>CONDON ROBERT C</u>				2. Issuer LAKE	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  V Officer (give title Other (specify						ier	
(Last) (First) (Middle) 1805 W. RUSSELL AVENUE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004								below				w)	scily	
(Street) WARSAW IN 46580				4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(Si	tate)	(Zip)										Perso	on					
		Tab	le I - Non-Deri	vative Sec	uriti	ies A	cquir	ed, D	isposed	of, or	Benefi	cially	y Owne	d					
·		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)		ed Of	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership					
				(MOHAII/Day/	(Month/Day/Year)		8)		unt	(A) or (D)	Price		Issuer's Year (Ins 4)	Fiscal	Indire	ndirect (I) Instr. 4)		(Instr. 4)	
Common Stock			12/31/2004		<b>J</b> (1)		(1)	91	11.597	Α	<b>\$34.</b> 1	.174		3,864		I	401(k) Plan		
		Т	able II - Deriva (e.g., ı	tive Secu outs, calls									Owned			,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	vative irities ired or osed ) r. 3, 4	tive (Month/		Exercisable and tion Date //Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		. Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owners Form: Direct ( or Indir		hip o E O) C ect (I	11. Nature of Indirect Beneficial Dwnership Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Shar	ber							
Stock Options (Right to buy)	\$13.5						06/13/	2005	06/13/2010	Commo		00		4,000	4,000		D		
Stock Options (Right to buy)	\$13.625						01/09/	2006	01/09/2011	Commo		00		4,000	)	D			
Stock Options (Right to buy)	\$15.125						02/08/	2005	02/08/2010	Commo Stock		00		4,000	)	D			
Stock Options (Right to buy)	\$16.25						12/11/	2006	12/11/2011	Commo		00		2,000	)	D			
Stock Options (Right to buy)	\$18						03/31/	2004	03/31/2009	Commo Stock		00		5,000	)	D			
Stock Options (Right to buy)	\$34.37						12/09/	2008	12/09/2013	Commo		00		2,000	)	D			

## Explanation of Responses:

1. Salary redirection to 401(k) plan during 2004.

Teresa A. Bartman, Attorney-

in-Fact

02/11/2005

\*\* Signature of Reporting Person

Date

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

- \* 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.