2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
05-09-2005 90282 008 ***150.00

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DOCUMENT # 610442

1. Entity Name
VANCE & LOTANE, P.A.

Principal Place of Business	Mailing Address
200 BREVARD AVE. COCOA, FL 32922 US	200 BREVARD AVE. COCOA, FL 32922 US

05052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1980 Michigan Ave	1980 Michigan Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, Fl	City & State: Cocoa, Fl
Zip: 32922 Country: US	Zip: 32922 Country: US

4. FEI Number: 59-1873209 ☐ Applied For ☐ Not Applicable

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
ALEXANDER, VANCE L. 200 BREVARD AVE. COCOA, FL 32922	Name: Alexander L. Vance Street Address (P.O. Box Number is Not Acceptable): 1980 Michigan Ave City: Cocoa FL Zip Code: 32922

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

FILE NOW!!! FEE IS $150.00 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VANCE, L. ALEXANDER 200 BREVARD AVE. COCOA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1980 Michigan Ave Cocoa, Fl 32922	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOTANE, TROY R 200 BREVARD AVE. COCOA, FL 32922	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1980 Michigan Ave Cocoa, Fl 32922	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: L. Alexander Vance 321-636-4861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
L. Alexander Vance