


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90039 021 ***150.00

DOCUMENT # P99000049174			
1. Entity Name AMPLE LANE, INC.			
Principal Place of Business 319 SOUTH GARDEN AVE CLEARWATER FL 33756		Mailing Address 319 SOUTH GARDEN AVE CLEARWATER FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3629966		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, PAUL B 112 SOUTH MAGNOLIA AVENUE TAMPA FL 33601		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 _____ 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 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DAT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REVELL, CHRISTINE MRS.			NAME			
STREET ADDRESS	319 S GARDEN AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBSTER, LAURI MRS.			NAME			
STREET ADDRESS	319 S GARDEN AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORGONE, GREG MR.			NAME			
STREET ADDRESS	319 S GARDEN AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLEHART, LAURIE MRS.			NAME			
STREET ADDRESS	319 S GARDEN AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELVA, LENA MRS.			NAME			
STREET ADDRESS	319 S GARDEN AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMON (ESSILFIE), SHEILA MRS.			NAME			
STREET ADDRESS	319 S GARDEN AVE			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			

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: *Sheila Ramon* **15 APRIL 2004** 727) 467-6958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #