

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

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



04032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3629966 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, PAUL B  
112 SOUTH MAGNOLIA AVENUE  
TAMPA, FL 33601

**DO NOT WRITE  
IN THIS SPACE**

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DAT  
NAME: REVELL, CHRISTINE MRS.  
STREET ADDRESS: 319 S GARDEN AVE  
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: D  
NAME: WEBSTER, LAURI MRS.  
STREET ADDRESS: 319 S GARDEN AVE  
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: D  
NAME: GORGONE, GREG MR.  
STREET ADDRESS: 319 S GARDEN AVE  
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: P  
NAME: ENGLEHART, LAURIE MRS.  
STREET ADDRESS: 319 S GARDEN AVE  
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: VP  
NAME: SELVA, LENA MRS.  
STREET ADDRESS: 319 S GARDEN AVE  
CITY-ST-ZIP: CLEARWATER, FL 33756

TITLE: ST  
NAME: RAMON (ESSILFIE), SHEILA MRS.  
STREET ADDRESS: 319 S GARDEN AVE  
CITY-ST-ZIP: CLEARWATER, FL 33756

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05/05/05-80006-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 those empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sheila Ramon Secretary Treasurer 29 April 2005*  
Date: 05/03/05  
Phone: (813) 467-6258