2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State
08-13-2004 90069 035 ***150.00

54068166

DOCUMENT # P99000068985

1. Entity Name
BUSINESS LANE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
10353 TAMIAMI TRAIL NORTH NAPLES, FL 34108	10353 TAMIAMI TRAIL NORTH NAPLES, FL 34108

08052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1040 Collier Center Way		Same	
Suite, Apt. #, etc.: Suite #1		Suite, Apt. #, etc.: Same	
City & State: Naples FL		City & State: Same	
Zip: 34110	Country	Zip: Same	Country

4. FEI Number: 59-3592117 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
3838 TAMIAMI TRAIL NORTH SUITE 402
NAPLES, FL 34103

7. Name and Address of New Registered Agent

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
Due by September 8, 2004

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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHAPIN, W E III	NAME	
STREET ADDRESS	~~10353 TAMIAMI TRAIL NORTH~~	STREET ADDRESS	1040 Collier Center Way
CITY-ST-ZIP	~~NAPLES, FL 34108~~	CITY-ST-ZIP	Naples FL 34110
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CHAPIN, SARAH P	NAME	
STREET ADDRESS	~~10353 TAMIAMI TRAIL NORTH~~	STREET ADDRESS	1040 Collier Center Way
CITY-ST-ZIP	~~NAPLES, FL 34108~~	CITY-ST-ZIP	Naples FL 34110
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #