

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 035 ***158.75

DOCUMENT # 216928 1. Entity Name LAP CORP			
Principal Place of Business BERNIE C LANE 6105 S W 55 COURT FORT LAUDERDALE, FL 33314		Mailing Address BERNIE C LANE 6105 S W 55 COURT FORT LAUDERDALE, FL 33314	
2. Principal Place of Business - No P.O. Box # Howard Lane 19700 S.W. 14 Street Suite, Apt. #, etc.		3. Mailing Address Howard Lane 19700 S.W. 14 Street Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33029	Country	Zip 33029	Country
6. Name and Address of Current Registered Agent LANE, BERNY C 6105 SW 55 COURT FORT LAUDERDALE, FL 33314		7. Name and Address of New Registered Agent Name Howard Lane Street Address (P.O. Box Number is Not Acceptable) 19700 S.W. 14 Street City Pembroke Pines FL Zip Code 33029	
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 1-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, BERNY C 6105 SW 55TH CT. FORT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lane, Berny C. 6155 S.W. 55 Court Fort Lauderdale, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, KATHY 6105 SW 55TH CT. FORT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Lane, Howard 19700 S.W. 14 Street Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANE, HOWARD 19700 SW 14 ST PEMBROKE PINES, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date 1-30-08 Daytime Phone # 562-0792	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			