


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90173 013 ***150.00

DOCUMENT # 227452 1. Entity Name SHANGRI-LA LANE, INC.	
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Principal Place of Business 14416 SHANGRILA LN. ODESSA, FL 33556	Mailing Address 14416 SHANGRILA LN. ODESSA, FL 33556
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0998352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIGNON, ROBERT 14416 SHANGRILA LN. <i>Holmes, Mary I.</i> ODESSA, FL 33556 <i>14422 Shangri-La Lane</i> <i>Odessa FL 33556</i>
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**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 *Mary I. Holmes* *Mary I. Holmes* *2/20/06*
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIGNON, ROBERT <i>Clarke, Joan</i> 14416 SHANGRILA LN. <i>6547 Lake Irene Dr</i> ODESSA, FL 33556 <i>Land O' Lakes FL 34639</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWANN, DOROTHY M. <i>Davignon, Robert</i> 14416 SHANGRILA LANE <i>14416 Shangri-La Lane</i> ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACKWELL, ANN <i>Holmes, Mary I.</i> 14416 SHANGRILA LN. <i>14422 Shangri-La Lane</i> ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Mary I. Holmes* *Mary I. Holmes* *2/20/06* *813-920-9432*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sec-Treas.