

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90019 047 \*\*\*150.00

**DOCUMENT # 227452**

1. Entity Name  
**SHANGRI-LA LANE, INC.**



Principal Place of Business

**14416 SHANGRILA LN.  
ODESSA, FL 33556**

Mailing Address

**14422 14416 SHANGRILA LN.  
ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0998352**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOLMES, MARY I  
14422 SHANGRILA LN.  
ODESSA, FL 33556**

**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*  
Signature typed or printed name of registered agent and title if applicable

*Sec. Treas.*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*2-26-07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CLARKE, JOAN
STREET ADDRESS	6547 LAKE IRENE DR
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	V
NAME	DAVIGNON, ROBERT
STREET ADDRESS	14416 SHANGRI LA LANE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	ST
NAME	HOLMES, MARY I
STREET ADDRESS	14422 SHANGILA LANE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sec. Treas.*

DATE

Daytime Phone #

*2/26/07*

*813-220-9432*