


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 381742</b>					
1. Entity Name WOODARD & LANE, INC.					
Principal Place of Business 17200 S.E. 58TH AVE. P.O. BOX 1356 SUMMERFIELD FL 34491 US			Mailing Address 17200 S.E. 58TH AVE. P.O. BOX 1356 SUMMERFIELD FL 34491 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1409431</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  LANE, THOMAS J. 17200 S.E. 58TH AVE. SUMMERFIELD FL 34491				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LANE, THOMAS J		NAME		
STREET ADDRESS	17200 SE 58TH AVE		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SCHMALTZ, PATRICIA		NAME		
STREET ADDRESS	17200 SE 58TH AVE		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	LANE, ROBERTA W		NAME		
STREET ADDRESS	17200 SE 58TH AVE		STREET ADDRESS		
CITY - ST - ZIP	SUMMERFIELD FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **59-1409431**

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

6. Name and Address of Current Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agents signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00

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Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME LANE, THOMAS J

STREET ADDRESS 17200 SE 58TH AVE

CITY - ST - ZIP SUMMERFIELD FL

TITLE D ☐ Delete

NAME SCHMALTZ, PATRICIA

STREET ADDRESS 17200 SE 58TH AVE

CITY - ST - ZIP SUMMERFIELD FL

TITLE SD ☐ Delete

NAME LANE, ROBERTA W

STREET ADDRESS 17200 SE 58TH AVE

CITY - ST - ZIP SUMMERFIELD FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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: Thomas J. Lane Thomas J. Lane 3-26-05 352-245-2615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #