

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 381749

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ECKENRODE & LANE, INC.

## Current Principal Place of Business:

4201 SE HWY 2  
SUMMERFIELD, FL 34491 US

## New Principal Place of Business:

## Current Mailing Address:

4201 SE HWY 2  
SUMMERFIELD, FL 34491 US

## New Mailing Address:

FEI Number: 59-1357244      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANE, THOMAS J.  
4201 SW HWY 42  
SUMMERFIELD, FL 34491 US

## Name and Address of New Registered Agent:

LANE, THOMAS J  
4201 SW HWY 42  
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: THOMAS J LANE

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LANE, THOMAS J,  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL

Title: D ( ) Delete  
Name: SCHMALTZ, PATRICIA  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL

Title: SD ( ) Delete  
Name: LANE, ROBERTA W,  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LANE, THOMAS J  
Address: 4201 SE HWY 42  
City-St-Zip: SUMMERFIELD, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J LANE

DP

01/14/2009

Electronic Signature of Signing Officer or Director

Date