

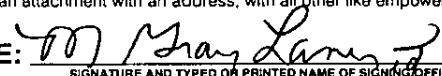


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90142 008 ***150.00

DOCUMENT # 479791 1. Entity Name LANEY & LANEY, P.A.					
Principal Place of Business 801 N. MAGNOLIA AVE., STE 300 ORLANDO, FL 32803			Mailing Address PO BOX 533200 ORLANDO, FL 32853-3200		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 801 N. Magnolia Ave. Suite, Apt. #, etc. Suite 300			
City & State		City & State Orlando, FL		4. FEI Number 59-1603167	
Zip 32803-3843		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANEY, M GRAY JR 801 N. MAGNOLIA AVE., STE 300 ORLANDO, FL 32803				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 Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PS LANEY, M GRAY JR 1650 HILLCREST AVE WINTER PARK, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANEY, M GRAY JR 1650 HILLCREST AVE WINTER PARK, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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: 			4/29/05 (407) 425-2657		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

M. Gray Laney, Jr.