2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 16, 2005 08:00 AM **DOCUMENT # 539071 Secretary of State** 1. Entity Name MCLANE ORCHIDS, INC. Principal Place of Business Mailing Address 1250 GLEN ROAD 1250 GLEN ROAD GLEN RIDGE GLEN RIDGE WEST PALM BCH FL 33406 WEST PALM BCH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1768197 Not Applicable Ζip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLANE, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 1250 GLEN RD., GLEN RIDGE WEST PALM BCH FL 33406 City 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 DATE Signature typed or printed name of registered agant and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. HILE ☐ Change ☐ Addition Delete mu MCLANE, RICHARD S NAME NAME U00000303129 04/16/05-80025-007 150.00 STREET ADDRESS STREET ADDRESS 1250 GLEN ROAD, GLEN RIDGE CITY-ST ZIP WEST PALM BEACH FL 33406 CHTY-ST-ZIP ☐ Change THRE ☐ Addition TITLE Delete NAME MCLANE, HALDAN L 1250 GLEN ROAD, GLEN RIDGE STREET ADDRESS STREET ADDRESS CITY-ST 7(P CITY ST-ZIP WEST PALM BEACH FL 33406 Addition Delete ☐ Change TITLE NAME MCLANE, MARY R NAME STREET ADDRESS STREET ADDRESS 1250 GLEN ROAD, GLEN RIDGE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 Change ☐ Addition DITLE IIILE Delete MCLANE, ALICE R NAME NAME 1250 GLEN ROAD, GLEN RIDGE STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 City-St-ZIP ☐ Change Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP ☐ Change Addition ШЦЕ Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP 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)(f), 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.

RICHARD MCLAUE 4-14-2005 561-683-4058
DEFICER OR DIRECTOR

Date Phone #