

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90987 038 ***150.00

DOCUMENT # 606247 1. Entity Name CHINA LANE RESTAURANT, INC.					
Principal Place of Business 1500 SOUTH BAY STREET EUSTIS, FL 32726			Mailing Address 1500 SOUTH BAY STREET EUSTIS, FL 32726		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, MARY 1101 WINTER SPRINGS BLVD WINTER SPRINGS, FL 32708				Name Sandra Johnson Street Address (P.O. Box Number is Not Acceptable) 1500 S. Bay St. City Eustis FL Zip Code 32726	
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 Sandra Johnson 4/29/05 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST- ZIP	PD JOHNSON, MARY 1101 WINTER SPRINGS BLVD WINTER SPRINGS, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	V Johnson, Mary 1101 Winter Springs Blvd. Winter Springs, FL 32708 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST JOHNSON, SANDRA 1101 WINTER SPRINGS BLVD WINTER SPRINGS, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD Johnson, Sandra 557 Northport Dr. Longwood, FL 32750 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V JOHNSON, FRANK P 1101 WINTER SPRINGS BLVD WINTER SPRINGS, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST Johnson, Frank 2126 S. Grove St. EUSTIS, FL 32726 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition	
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: Sandra Johnson 4/29/05 352/357-2121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

14015413



04282005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1870870** Applied For ☐ Not Applicable ☒

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