

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 686966

Entity Name
LANEWAY GROVES, INC.



Principal Place of Business

**220 OAK DR
P.O. BOX 98
ALTURAS, FL 33820 US**

Mailing Address

**2220 OAK DR
P.O. BOX 98
ALTURAS, FL 33820 US**



01172006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2028507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FULTON, W.C.
220 OAK DRIVE
ALTURAS, FL 33820**

**DO NOT WRITE
IN THIS SPACE**

I, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
or May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000392188
01/30/06-80086-002 150.00**

OFFICERS AND DIRECTORS

**DO NOT WRITE
IN THIS SPACE**

TITLE	PD
NAME	FULTON, W.C.
STREET ADDRESS	9 HEIGHTS AVE.
CITY	FROSTPROOF, FL
TITLE	STD
NAME	FULTON, BETTY JANE
STREET ADDRESS	9 HEIGHTS AVE.
CITY	FROSTPROOF, FL
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

12. I certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information provided 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 required, or on an attachment with an address, with all other like empowered.

SIG

SIGNATURE: W.C. Fulton W.C. FULTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Date

863-527-1331

Daytime Phone #