2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# F06643

Entity Name: HAROLD LANE & ASSOCIATES, P.A.

Current Principal Place of Business:

2415 N UNIVERSITY DR
CORAL SPRINGS, FL 33065

New Principal Place of Business:

2415 N UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

2415 N UNIVERSITY DR
CORAL SPRINGS, FL 33065

New Mailing Address:

2415 N UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

FEI Number: 59-2089766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, PAUL J
2415 N UNIVERSITY DR
CORAL SPRINGS, FL US

Name and Address of New Registered Agent:

LANE, PAUL J
2415 N UNIVERSITY DR
CORAL SPRINGS, FL 33065 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: PAUL J. LANE 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANE, HAROLD
Address: 2415 N. UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: LANE, PAUL J
Address: 2415 N. UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LANE, HAROLD
Address: 2415 N. UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D (X) Change ( ) Addition
Name: LANE, PAUL J
Address: 2415 N. UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: HAROLD LANE PD 04/14/2009
Electronic Signature of Signing Officer or Director Date