

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F33172

1. Entity Name
LANIER RANCH & GROVE, INC.



Principal Place of Business
%LANIER RANCH & GROVE INC
6894 LANIER RD
ZOLFO SPRINGS, FL 33890 US

Mailing Address
6894 LANIER RD
ZOLFO SPRINGS, FL 33890 US



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2217991

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANIER, E.M.
6894 LANIER RD
ZOLFO SPRINGS, FL 33890

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000110842
04/12/04-80100-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
LANIER, FLORENCE
STREET ADDRESS
6894 LANIER RD
CITY-ST-ZIP
ZOLFO SPRINGS, FL 33890,

TITLE
NAME
PD
LANIER, E M
STREET ADDRESS
6894 LANIER RD
CITY-ST-ZIP
ZOLFO SPRINGS, FL 33890,

TITLE
NAME
D
LANIER, R. ARNOLD
STREET ADDRESS
6775 LANIER RD
CITY-ST-ZIP
ZOLFO SPRINGS, FL

TITLE
NAME
D
LANIER, DENNIS M
STREET ADDRESS
6639 LANIER RD
CITY-ST-ZIP
ZOLFO SPRINGS, FL 33890

TITLE
NAME
D
LANIER, JOHN E
STREET ADDRESS
351-WIMBLEDON ROAD
CITY-ST-ZIP
NAPLES, FL 33942

TITLE
NAME
D
LANIER, SHERYL L
STREET ADDRESS
6635 LANIER RD
CITY-ST-ZIP
ZOLFO SPRINGS, FL 33890

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2004

Date

Daytime Phone #

- 863-735-1372