


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90045 039 \*\*\*158.75

<b>DOCUMENT # F33172</b>			
1. Entity Name <b>LANIER RANCH &amp; GROVE, INC.</b>			
Principal Place of Business <b>%LANIER RANCH &amp; GROVE INC 6894 LANIER RD ZOLFO SPRINGS FL 33890 US</b>		Mailing Address <b>6894 LANIER RD ZOLFO SPRINGS FL 33890 US</b>	
2. Principal Place of Business		3. Mailing Address <b>6894 LANIER ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>20140 Springs</b>		City & State <b>20140 SPRINGS, FLA.</b>	
Zip <b>33890</b>	Country	Zip <b>33890</b>	Country <b>HARDEE</b>
6. Name and Address of Current Registered Agent <b>LANIER, E.M. 6894 LANIER RD ZOLFO SPRINGS FL 33890</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	ST LANIER, FLORENCE 6894 LANIER RD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANIER, E M 6894 LANIER RD ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, R. ARNOLD 6775 LANIER RD ZOLFO SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, DENNIS M 6639 LANIER RD ZOLFO SPRINGS FL 33890 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, JOHN E 14701 VIA CARMEN NAPLES FL 33549 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, SHERYL L 6635 LANIER RD ZOLFO SPRINGS FL 33890 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*E. Milton Lanier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/05*

Date

Daytime Phone #